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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*The Hydrencephaloid Disease.* By E. C. BIDWELL, M. D., *Coshocton Co., Ohio.*

THERE is a disease, or morbid state, which I am persuaded, does not receive the attention from the medical profession in this country, which its frequency and importance demand.—Few American authors have noticed it at all, and none that I know of, have given it the detailed description and prominence necessary to bring it fully before the minds of the profession at large. I refer to the collection of symptoms simulating those of hydrocephalus, recognized and described as a distinct disease, originally by Dr. Marshall Hall and Dr. Gooch, nearly simultaneously, and by other English physicians after them. It was the former who gave it the name at the head of this article. Drs. Elliotson and Watson, both of whom have given lucid descriptions of the disorder, call it *spurious hydrocephalus*. It is the disease, doubtless, referred to by the older authors as *secondary* or *symptomatic* hydrocephalus, supervening upon some other affection—fever, cholera infantum, or inflammation of a remote organ. Many, perhaps most, that have written upon hydrocephalus, have alluded to the same thing in one way or another, but evidently with quite erroneous views of its pathology, since, not satisfied of the presence of inflammation within the head, they attributed the "hydrencephaloid" symptoms to venous congestion. In practice they found these cases benefitted by opiates and stimulants, and therein a complete refutation of their theory; for opium must infallibly increase cerebral congestion, if it were present. But instead of reading the lesson right, and deducing a rational plan of treatment from it, they followed experience in part, and a false hypothesis in part, and so premised the medicine

with "due depletion"—a most pernicious practice, and a fine illustration of the baneful influence of a defective theory on practice.

The disorder seldom occurs, I believe, except as a sequel of some debilitating disease, or debilitating treatment. It is especially apt to supervene upon infantile remittent fever too actively treated, and upon abdominal irritation and diarrhœa, too long neglected, both of which are extremely common occurrences. I have seen it after what I supposed to have been simple acute meningitis. The case was considered by the medical attendant and the parents, to be one of true hydrocephalus—now more accurately designated by the term tubercular meningitis—in the stage of effusion. This is a frequent error in diagnosis, and these are just the cases in which, from the well known fatal tendency of the *supposed* disease, the physician who makes a correct diagnosis, and adapts his treatment accordingly, may often save a life already considered past hope, and win for himself the profound gratitude of the sufferer's friends, and an enviable reputation for professional skill.

Dr. M. Hall alone, of all the authors I have consulted with regard to this state, describes it as an idiopathic disease, without previous illness; but in those cases of his, in which there had not been other previous disease, there *had been exhaustion*. The symptoms of the first stage, according to his description, are irritability, restlessness, fever, the face flushed, the surface hot, the pulse frequent; an undue sensitiveness of the nerves of feeling, and of special sensation; sighing and moaning during sleep, and screaming; flatulency and mucous evacuations. With the disease in this stage I have had no experience.

The phenomena which characterize the subsequent stages, and which serve to distinguish the disease, when developed, from all others, as described by various authors, and according to my own observation, are altogether such as indicate torpor of the nervous system, and great depression of the powers of life. The child lies languid and indifferent, or, it may be, in deep stupor; complaining of no pain, and, for the most part, expressing no want. The face is pale and cold, though at times a transient flush passes over it; the extremities cold, the eyes dim, pupils dilated, strabismus, subsultus tendinum, partial or complete paralysis or convulsions; the pulse meantime becomes small, rapid and very feeble; finally complete coma fatally "anæstheticizes" the little sufferer, and the scene closes in slow-coming, but pangless death.

It is to be distinguished from the corresponding stage of *hydrocephalus acutus*—the only disease with which it is liable to

be confounded—by the paleness of the countenance, absence of heat in the head, as well as of the general surface, and depression of the surface of the unclosed fontanelle; in short all the symptoms denoting congestion or "active determination" to the head are wanting; while in genuine hydrocephalus, the face is flushed, the head hot, the fontanelle tense and prominent, the veins distended and the carotids throbbing. Much aid in diagnosis, if it be at all obscure, may be derived from the history of the case—previous symptoms and treatment—and, as evincive of these, the present condition of the tongue, mouth, fauces, urine, &c.

Another means of diagnosis is the effect of remedies, particularly stimulants, carefully observed on cautious trial. This would be conclusive, I imagine, but we cannot well afford, sometimes, either the time occupied or the risk adventured by a trial. It is better to be pretty certain of the nature of the case before we administer. Most likely we may predict the effect of those remedies, and determine the nature of the case, as Dr. Stokes has shown us we may in fever, by auscultation of the heart. I cannot say that I have ever tried it; but it must be that in this disease, as in others attended with great prostration, the first sound of the heart is much diminished; and wherever we find it so diminished, we may be sure that real debility is present, the result of exhaustion, and the proper course of treatment, if not the entire pathology, is made clear.

The causes of this affection, as already intimated, are those of exhaustion. Diseases in which the abdominal viscera are much implicated, and which exhaust by colliquative discharges, or by long-continued irritation, are undoubtedly the most frequent causes; but we should leave the catalogue incomplete did we omit to mention the too active treatment to which those diseases are often subjected. Depletion—young children do not bear well the loss of much blood—cathartics to excess, and mercurials, I know, in this country, where very active treatment is fashionable with the profession, and expected by its patrons, are often productive of much harm, and even of fatal results in the form now under consideration.*

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*Since writing the above I have been called in consultation, to a case of just this character. A very interesting and precocious child eighteen months old, previously well but delicate, had a bad diarrhœa more than a week before any symptoms whatever of head affection appeared. As soon as they were discovered it was pronounced "arachnitis," and for several days the child was assiduously drugged with mercury in various forms and combinations, active cathartics, &c., notwithstanding which it grew constantly worse. When I saw it, though "given up" by the doctor, it was still taking all these and more, and lay insensible, scarcely capable of being roused at all, one eye half-open from paralysis of the lid, both pupils dilated; face and head pale and cold, with momentary flushes; the fontanelle depressed, the pulse feeble and frequent, the mouth very sore, the stools represented as nearly natural in appearance, the urine copious. The attending physician adopted my recommendation so far as to employ stimulants, and omit the calomel; but he would

The pathology of this interesting affection and its relation to hydrocephalus, may perhaps be best illustrated by referrence to analagous affections in the adult, which have been longer recognized, and better understood. Cerebral symptoms from exhaustion are more common in children, for the same reason that the diseases they simulate are more frequent in the earlier periods of life, namely, the comparative preponderance of the cerebral organization, the greater functional activity, and greater impressibility of the nervous system. But instances are not unfrequent of symptoms occurring in adult persons, closely resembling those of hyperæmic and inflammatory diseases of the encephalon, in a directly opposite state of the system from that in which those diseases occur. Anæmia, chlorosis, prolonged lactation, hemorrhage and other discharges, profuse or long continued fatigue of body or mind, great anxiety, shock, are instances in which these symptoms are more or less frequently observed. Serous apoplexy—formerly so called—concussion of the brain and delirium tremens are essentially affections of this kind. By the observation of such cases we learn that a deficiency of the supply of blood to the brain, or a depravation of its quality, may embarrass or interrupt the functions of that organ, not only as effectually as an over supply of that fluid—vascular fullness—but similarly; so similar indeed are the phenomena of the disturbed organ itself, that the diagnosis can only be made by comparison of the symptoms observed in other organs and functions, and by the effects of remedies. Some causes, however, seem to act directly on the brain or nervous system. Sudden and violent mental emotion, or a blow on the epigastrium, cannot be supposed to produce the immediate prostration &c. that follows them, through the medium of the circulatory system. Physicians of the present day understand very well the difference of pathology and treatment in these correlated diseases of adults; a like perception of precisely the same difference between the true and the spurious hydrocephalus, is not more difficult, when the principle is understood, and not less essential to successful treatment.

The prognosis is altogether more favorable than in true dropsy of the brain. If all debilitating causes are removed, and the strength supported, recovery may be confidently expected even in advanced stages of the malady.

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listen to no arguments in favor of opium, and persisted in the use of syrup of rhubarb. I left the patient with the full conviction that it would be purged out of its only remaining chance for recovery.

Some remarks in point on the agency and *modus operandi* of certain causes in the production of this disease, may be found in Dr. Beck's article on Blood-letting in the young subject, published in the first number of the Journal.

The treatment is such as is naturally suggested by a knowledge of its true pathology. More important than anything else, I conceive, is concentrated and digestible nutriment. I know nothing that answers the intention better than the "essence of beef." Diffusible stimulants, carb. ammon., wine, wine-whey, &c., are indicated; also opiates for their stimulant and antispasmodic effect, and for precisely the reason for which they are contraindicated in the disease of which this is the mimic—their tendency to increase the quantity of the circulating fluid in the head. Other remedies recommended, are, cold effusion—the sudden and momentary application of cold water to the head to produce reaction—warm bath, sinapisms to the extremities, and electro-magnetism, found so effectual in the kindred case of narcotic poisoning. Of course, further depletion, catharsis and indeed all debilitating treatment, are full of danger, and to be scrupulously avoided.

The iodide of potassium, in very large doses—half a drachm or a drachm in twenty-four hours—is reported to have cured several desperate cases of hydrocephalus, in the last stage, some of which would seem, from the account given of the symptoms, to have been cases of this disease, rather than of the other. Some such cases are now before me, in which from the scanty enumeration of symptoms, I cannot satisfy myself of the nature of the disease. No symptom is mentioned which might not exist in the hydrencephaloid—none which might not arise from exhaustion; and the condition of those parts by which the diagnosis is to be made, is not noted, *viz.* the color and temperature of the face, head, and general surface; prominence or depression of the fontanelle, quality of the pulse; sounds of the heart, &c. I notice in these cases that the amendment is not so speedy as to prove, without question, that it was due to the remedy employed. In one, for example, "symptoms of effusion" appeared after infantile remittent had continued ten or twelve days. This had been "appropriately," that is, *actively* treated, by leeches, calomel &c. All other treatment was suspended, and the iodide of potassium given in doses of three or four grains every two hours, in solution. No improvement was perceptible till the third day of treatment, after which convalescence proceeded steadily, but slowly, and at the end of three weeks from the commencement of this treatment, the child was "doing well," and "complete recovery confidently expected."

But supposing it to be as efficacious as represented, those who give reports of their trials do not explain its *modus operandi.* The presumption is that it causes the absorption of effused fluid; but of this there is no proof. May not an expla-

nation be made reconciling its presumed beneficial effects with the pathology of hydrencephaloid—exhaustion—as satisfactorily as with that of hydrocephalus—effusion? Dr. Stevens, and others who have made observations on the state of the blood in fevers, found it, in their advanced or typhoid stage—that of exhaustion and debility—greatly impoverished; it had undergone several important changes, and among these, was a remarkable diminution of its saline constituents. Deducing a rational practice from this observation, he—Dr. Stevens—administered neutral salts—the chlorate and nitrate of potass., muriate of soda &c.—in very large doses, and reports the very happiest results, even in the last stage of typhoid fevers, when mercury was no longer admissible, but both it and almost every other remedy were found injurious. May not the iodide of potassium operate in the same way to remedy a similar condition of the blood? And would not the other salines be found equally efficacious?

I conclude by inviting the attention of the profession to a more critical investigation and accurate observation of this form of cerebral disorder; hoping that the result will be a more complete understanding of the whole subject of the two affections, so similar in some of their prominent phenomena, a less empirical treatment, and a reconciliation of the discrepancy in the views, or at least, the statistics of authors.

ART. II.—*Case of Spasms and partial trismus, from the prick of a needle under the thumb nail.—From the Note Book of* S. P. HILDRETH, M. D., *Marietta, Ohio.*

MRS. H. B., of Marietta, aged 24 years, of a very nervous temperament, while sewing on the 15th Sept. 1824, pricked her left thumb, with the needle, under the nail. Little notice was taken of so trifling an injury, until the 17th, when it became tender and painful, but without any marks of inflammation. The pain now began to ascend the arm along the course of the veins, and was so severe as to become alarming. I was called on for advice, and directed the part affected to be bathed with warm spirits of turpentine and laudanum—while she was to take inwardly, vitriolic ether and laudanum sufficient to allay the pain. By night, a few hours after my first visit, the pain had increased, and began to affect the muscles of the face and neck on the wounded side, to such a degree as to cause serious fears of trismus or lock-jaw. The doses of laudanum and ether were increased to the extent of 120 drops every hour, while a liniment of ol. succinum, and olive oil and

laudanum was rubbed hot on the arm and neck, with a thick covering of warm flannel, as cold seemed to increase the pain very much. On the 18th a blistering plaister was applied round the thumb, with the expectation of relieving the irritation in the wounded nerve, by a new action excited in the neighborhood. This, with the assistance of the warm bath, had a very beneficial effect in allaying the pain and spasmodic tendency of the disease. By continuing the laudanum in large doses, sometimes to half an ounce, the pain in the course of a week was so far subdued, as only to be troublesome occasionally.

The disease now put on more the form of hysteria; attended at times with delirium and fits of sobbing. For this a moderate venesection was prescribed, with manifest advantage. She was also put on a course of carb. of iron, with the intention of strengthening the nervous system, as well as the general health, which had became considerably impaired. By the first of November the pain had much abated, and the symptoms left her, but the whole arm had become so irritable, that the least exposure to cold was painful. To overcome this sickly irritability, a cold shower bath was directed every morning, or even at night, if much painful, and with decided benefit; the arm remaining easy and comfortable for hours after the application of the water. About the middle of the month electricity was tried, by gentle shocks to the hand and arm, but with no very decided benefit. Near this time she became pregnant, which probably occasioned several severe fits of hysteria. In December a painful affection and inflammation of the face and jaws came on, which ended in suppuration, and was discharged from the gum of the left side. This, with the change in the system consequent on pregnancy, relieved the train of spasmodic symptoms, which had so long pursued her.

From this period she continued in comfortable health till June following, when she was attacked with pain in the left side, attended with nervous irritation. For this a moderate bleeding was directed, followed with nervine medicines. About the middle of July she was delivered of a dead child, her first accouchement. The fatigue of the labor, and depression of mind from the loss of the infant, was followed by hoarseness, attended with severe pain in the breast, difficulty of breathing, and a cough which sounded like the barking of a small dog, of a highly croupy character, without expectoration. This attack began the second night after her confinement. To relieve these alarming symptoms, two or three bleedings were required, and as the blood was highly inflammatory, they were

pretty free; a blister was applied to the breast; febrifuge and expectorating medicines, with mucilaginous drinks were given, accompanied with spare diet of rice-water. This course afforded relief in two or three days; it also checked the flow of milk so much that a small puppy kept her breasts free and soft. When she had recovered from this attack there soon after commenced a severe pain in the back part of the head; it was of a neuralgic character, and so acute as to require large doses of opium to afford any relief. This remedy was used so often, and so regularly, that the worst consequences were feared from its continuance. Thinking it might arise from debility, as the fits of pain were periodical, large doses of sul. quinine were given a few hours previous to the accession. It had a fine effect for a few days, in preventing the return of the paroxysms; but in the course of a week it lost its influence over the complaint. Riding in a carriage was now tried with the happiest effect; the pain left her after travelling a few miles, and by continuing it some days, accompanied by a change in her place of residence, the pain in the occipital region left her, and did not again return. Through August and September her health improved, but at the commencement of cold weather—the last of October—the pain returned; but was now seated in the sternum, apparently directly under the bone, or in the mediastinum behind it. It was attended with little or no fever, but considerable rigors—was acute, and felt like something gnawing the flesh. A large blister relieved it in a few days, but after a week or two the same pain attacked the right side, about midway between the scrobiculus cordis and spine. It was severe, and accompanied with so much swelling of the affected part, that she feared the formation of an abscess. I did not see her until two or three days after the attack; a neighboring physician visited her, and calling the disease a pleurisy, bled and blistered her. The blood which I saw had no inflammatory appearance; tongue not coated, heat and thirst both absent. The diagnosis was that the pain arose from the same cause as that formerly in the head and breast; nervous irritation, probably the effects of the action excited in the system from the prick of the needle, and now wandering from place to place like rheumatism. With this view I gave a decoction of valerian and eupatorium perfol. producing free perspiration, with occasional doses of the comp. tinct. of bals. tolu. A seton, or issue was made in the side over the seat of the pain, with directions to make it discharge freely. The intention of the issue was to divert irritation from that spot and prevent the fixing of disease on a vital part, by the continued action of pain, her lungs having been feeble for some months,

with inclination to hoarseness. The pain left her as soon as a free discharge was established; and by the use of tonic remedies her health was greatly improved. The lady lived several years after this, but finally died of consumption.

The main object in the above case, is to show from how trifling a source nervous irritation may be excited in certain female temperaments, and under what various forms and protean shapes it exercises and tries the discrimination and diagnostic powers of the physician.

ART. III.—*A Few Observations on Wounds of the Lungs, with Cases Illustrative, &c.* By PHILIP HARVEY, M. D., *Cincinnati.*

WOUNDS of the lungs are always alarming; yet unless large vessels are injured, occasioning fatal hemorrhage, they are very frequently within the reach of surgical aid. The following cases may perhaps throw some light on the nature and treatment of these accidents.

Samuel Cooper remarks, "though so much has been written on the subject of discharging blood from the chest in cases of extravasation within that cavity, the operation is very rare. During the last twenty-four years, I have never heard of its being done by any of the London surgeons. No doubt the true reason of the operation being uncommon, is the obscurity of the diagnosis, the symptoms being all of an equivocal nature. Even Larry, generally so partial to operations, recommends the immediate closure of all wounds of the chest, excepting such as are complicated with injury of the intercostal artery; because, (says he) unless very considerable vessels of the lungs are injured, (in which case nothing can be of any use,) either no extravasation, or only a trivial one, happens, which, under the employment of vigorous antiphlogistic treatment, may be dispersed by absorption." Notwithstanding so high an authority as Baron Larry, the above doctrine I think, should not be implicitly followed. Cases may and do occur, where a lung is wounded and bleeding freely, in which the closure of the external wound shuts the only avenue of aid and safety; and the patient dies, suffocated from internal extravasation. When the air does not enter through the wound during inspiration, (which it will not do if the wound be very oblique; the loose integument acting as a flap, or valve, which is pressed down by the atmosphere when the ribs are elevated,) I think there can be no impropriety in allowing the fluids to escape externally, as fast as they are poured out into the thorax; and where there is no such external wound, should

the symptoms indicate it, I would not hesitate the making of one. A moderate amount of extravasation, however, is not to be dreaded, unless, from the irritation of the decomposing blood a fever be excited. Indeed, it is probable that it may be beneficial by keeping the wounded part of the lung collapsed and quiet, until the wound in it shall heal; but if the fluids press upon the mediastinum, and encroach much upon the other lung, death from suffocation must ensue. The structure of the lungs is very favorable for the arrest of effusion; their sponginess entangles the coagulum in the neighborhood of the wound, and prevents the further escape of air or blood. The clots, where this purpose is subserved, are coughed up, or absorbed. All experience proves that one sound lung is sufficient to sustain life. The amount of the circulating fluid must, however, be reduced in proportion to the curtailment of its means of aeration. If the function of one lung be entirely suspended, the amount of blood in the system should be reduced nearly one-half; otherwise orthopnæa and inflammation of the other lung will be apt to supervene. Persons unacquainted with these cases will be surprised at the extent to which the extraction of blood becomes necessary, to establish the balance between the circulation and the impeded respiration. In fact, except the operation of paracentesis in some rare cases, the free extraction of blood, and the application of a tight bandage around the chest when it can be borne, constitute by far the most effective means within our reach, in the treatment of wounded lungs and emphysema. The bandage acts by keeping the wounded parts quiet; by keeping the two layers of the pleura in contact; and compelling respiration to be performed by the diaphragm and abdominal muscles; but when the respiration is much embarrassed, the bandage cannot be endured; for we must remember that it confines the sound side as well as the injured. I will not, however, indulge further in comment—perhaps already gone too far—but let the cases speak for themselves.

Isaac Herring, a vigorous young man, was overwhelmed in a stone quarry, by the earth and stones falling on him. I saw him about 6 P. M. Aug. 17, 1836—a short time after the accident. He was senseless, pulseless and bedewed with a cold sweat. The head, face and body were much cut and contused. The ossa nasi were driven in, the right upper maxillary, and malar bones, and the zygoma were broken, and several ribs on the left side were fractured. As he appeared to be dying, I did nothing for two or three hours, but give from time to time a little brandy, &c., and dressed his

wounds. Upon his reviving, I perceived some emphysema appearing over the fractured ribs, which gradually crept over the chest. I made a puncture or two over the pectoral muscle, which gave exit to some air, nevertheless the emphysema increased until the whole body was inflated, even to the fingers and toes. Where the integuments were loose, they bulged out enormously; as even the eyes and neck; and the scrotum was larger than his head. On first reviving he could only lie on the left side; in a short time he had to be kept in a sitting posture. The breathing became more and more embarrassed, so as to threaten suffocation. The thorax was evidently filling with extravasated fluids; yet he refused to permit an operation for their removal, but begged to be bled to death, or shot in the head, to be put out of his misery, as he said he must die. About midnight, the symptoms being very urgent, and death apparently at hand, for he was again pulseless and cold, he faintly gave his consent to the operation. I cut down upon the eighth rib, near the indigitations of the serratus magnus and external oblique, and drawing up the divided integuments, made a cut of about an inch through the intercostal muscles and pleura, into the chest. A tremendous gush of blood, with some air, ensued, so that the bed was deluged and the blood ran over the floor; at least five pints of fluid blood must have escaped, and I was unprepared to receive so large a quantity. Applied a compress and bandage. He was much relieved, and for three hours continued tranquil, when upon symptoms of distress again appearing, I removed the bandage, and left the wound open, which discharged blood and air freely, at every breath.

August 18*th*.—Blood and air continue to be emitted from the wound at every expiration. In the afternoon, no discharge having taken place for about three hours, anxiety and embarrassed breathing reappeared. I introduced a catheter into the wound and gave exit to about half a pint of blood, and some air which gave relief. In the evening, Dr. Trevitt, my partner, (now of Columbus) returned home, having been absent, and attended the case afterwards jointly with me. At midnight the catheter was again introduced, and a similar amount of fluids evacuated. The pulse continued all along weak and frequent, and the skin moist and cold.

19*th*.—Is tolerably quiet and easy. Pulse 112, somewhat hard, and skin warm. Bled him to a pint—blood buffy—pulse afterwards 120 and soft. In the afternoon some delirium—pulse 112. No discharge from wound since last night. Became restless in the night, but upon the spontaneous eruption of some blood and air from the wound, got easier.

Some fever and delirium—gave an aperient of neutral salts.

August 20*th.*—Can recline nearly horizontally; breathing easy, pulse 105 and soft—no pain—slight delirium—has slept considerably—bowels unmoved. Took a table-spoon full of castor oil. In the morning bowels opened and delirium subsided.

21*st.*—Comfortable—some appetite—dressed the wound with adhesive strips and bandage. Emphysema abating—can recline for a short time on either side.

22*d.*—As yesterday—emphysema less—can sleep on right side—a fluttering sound, like that occasioned by the agitation of a bottle partly filled with liquid, can be heard over the affected side, at each pulsation of the heart. *Evening.*—Respiration difficult—pulse 134—pain in right side—no respiratory sound on left side—metallic tinkling, fluctuating sound in neighborhood of heart—sound and impulse of heart principally on right side—respirations are still on right side, with crepitous rattle—bled to a pint and a half with immediate relief.

August 23*d.*—Pulse 120—respiration better—less crepitous rattle on right side. Is unable to recline, and has to be supported in a sitting posture—says he feels better and stronger—begins to expectorate a little clotted blood.

August 24*th.*—Better—respiration easy and full—no pain—audible respiration on right side—inaudible on left—emphysema disappearing—appetite good.

25*th.*—In every respect doing well—respiratory sound reappearing on the upper part of left lung—extensive ecchymosis over left side and loins, which I consider as the effects of contusion, rendered visible by the subsidence of the emphysema. Valentin, however, states that ecchymosis in that region is symptomatic of extravasation in the chest.

26*th.*—Some pain in the upper part of left side and difficulty of breathing. Pulse 120—V. S. ad lbj.—blood cupped and buffy. Suppuration from fracture of facial bones flows into the mouth.

27*th.*—Emphysema nearly gone—no pain—can lay in any posture—great debility and emaciation—allow a little better diet, though still spare—small coagula continue to be expectorated.

28*th.*—Better.

29*th.*—Convalescent—sound of heart still principally audible on right side and respiration on left but slightly indicated at upper part—left side dull on percussion. Bloody spittle continued for two or three months, since which time he has been perfectly well till now.

The above narrative is very imperfect, being condensed from hasty and rough notes taken at the time. It may serve, however, to give an outline of a case of some interest. The following statement is from memory:

C. Rhinehart was stabbed with a dirk, in an affray, in several parts of the arms and body, on the night of the 3d of September last. The most serious wound penetrated the lung on the left side between the seventh and eighth ribs. It was oblique, and bled freely, but allowed no air to enter. After, from accounts, near a gallon of blood had flowed, he became faint, when the hemorrhage ceased, and the wounds were dressed with adhesive strips and bandage. I did not see him till two days afterwards. There was then considerable pneumo—thorax on the left side, pain in both and difficulty of breathing. No respiratory sound on left side—loud on right. He had been bled the day before to about a pint, and I bled him again to the extent of a quart, and applied a tight bandage round the chest, by which he was much relieved. He continued to mend for three or four days, when fever, slight delirium, and a very fœtid diarrhœa set in. His diet had been extremely spare, and the bowels unloaded, so that I am inclined to think that the diarrhœa and fever were occasioned by the absorption of decomposing blood in the thorax. I was, therefore, not anxious to arrest the looseness, but satisfied myself with moderating it with small doses of Dovers' powder. The chest continued very tympanitic on the left side for upwards of a week afterwards. The fever and diarrhœa gradually abated, and at the end of the week he was nearly well. On the second week a few small clots of blood were coughed up; but, as in the former case, there was little or no hæmoptysis in the first place. In this case, if the wound had been immediately closed, I am inclined to think the symptoms would have been far more serious.

Art. IV.—*On Cyanosis.* By John L. Vattier, M. D., *Cincinnati, Ohio.*

The term *Cyanosis*, *Morbus Cæruleus*, or blue disease, is applied to a morbid appearance of the skin, wherein it assumes a blue, violet or purple color, most observable in those parts where the cutaneous capillary vessels are superficial, such as the lips and cheeks.

Although this color may not be confined to any one disease —for it is a symptom of many—yet in some instances it is so intense, and the symptoms so variable, that pathologists

have preferred to give it a name having a meaning referable to the color developed, rather than one arising from any assemblage of symptoms that might present themselves. Hence the terms cyanosis, morbus cæruleus, &c.

This disease has generally been attributed to a mal-formation of the heart, and most often to a communication existing between the right and left sides of that organ, in consequence of the foramen ovale, or ductus arteriosus remaining open after birth, by which means a considerable portion of venous blood is allowed to pass off into the circulation, without having previously passed through the lungs.

Malformations of the heart generally amount to congenital imperfections in the structure of the organ, consisting in an anomalous configuration, or in a want of developement of certain parts. Of all the causes which give rise to a communication between the right and left sides of the heart, the most frequent is a persistant opening of the foramen ovale, depending on a non-developement of the valves which close this opening, or a failure of those valves to contract adhesions. If it depend upon a non-developement of the valves, (which is of course congenital) the opening may become dilated, and be even three or four times its ordinary size.

When a communication does exist between the two sides of the heart, whatever be the cause, the mixture of arterial and venous blood is almost an inevitable consequence. It is said however that there are exceptions to this. Aran cites for an example, that when the two folds of the valve have not contracted adhesion, their approximation by the pressure which is made against them at both sides, is sufficient to prevent the mixture of arterial and venous blood, and that where the opening is even large, and nothing left to guard it, the blood may on each side make an equally opposing pressure, and thereby prevent its admixture. This I should consider a mere hypothesis. Cloquet also leans to this opinion, and a few cases have occurred which go far to prove the general correctness of the doctrine.

It is said that the most frequent result of a communication between the right and left sides of the heart is hypertrophy with dilatation of the right cavities. Bouillaud and Bertram think that hypertrophy in this case is attributable to the introduction into the right cavities of a certain quantity of arterial blood, which is endowed with more irritating and nutritive qualities than the venous blood; this may have its influence, but when we reflect that according to Aran and others, in a majority of cases of mal-formation of this nature, in which hypertrophy of the right cavities is at its maximum, the

anomalous communication between the cardiac cavities is accompanied by contraction of the orifice of the pulmonary artery, we may arrive at the conclusion that the presence of arterial blood is the lesser, and the defect at the orifice of the pulmonary artery the more powerful cause. The dilatation in these cases is no doubt owing to the excessive distention of these cavities, in consequence of the obstacle presented to the circulation of the blood by the contraction of the pulmonary artery.

Although it is a clearly established fact that cyanosis does exist in connection with an open state of the foramen ovale, yet many cases have occurred where this imperfection does not exist, and yet all the symptoms of the disease have presented themselves. And on the other hand cases have been reported, placing it beyond a doubt, that the foramen ovale may remain open, allowing the admixture of arterial and venous blood to take place, without the disease in question being the result.

The most popular opinion at the present day, and perhaps the most correct one with regard to the origin of the symptoms of cyanosis, is, that they depend upon delay in the pulmonary circulation, the result of a fixed impediment to the circulation. Dr. Stille, of Philadelphia, who has recently investigated this subject with some care, has adduced ample evidence in proof of the conclusions, 1st—That cyanosis may exist without admixture of the blood. 2d—That there is not always a proportion between cyanosis and the degree in which the blood is mixed. 3d—That complete admixture of the blood may take place without cyanosis. 4th—That cyanosis depends upon congestion of the general nervous system from obstruction in the right side of the heart, or in the pulmonary artery, impeding the return of its blood to the lungs.

There can be but little doubt, but that this blue, or violet color is a constant attendant upon organic lesions of the right cavities of the heart, and of whatever character the lesion or mal-formation may be, it presents a fixed impediment to the circulation and a consequent delay to the passage of the blood through the lungs. The question must then arise as to what will be the result of a want of oxygenation in the blood? Can its vitality or carbon be retained? Is it not necessary for a preservation of a proper color in that fluid, that the circulation through the capillary vessels should be uninterrupted. In my opinion its vitality or color can only be retained to their fullest extent, by a free and uninterrupted circulation of the blood through the lungs and capillary system.

For the purpose of illustration I will relate a case that occurred in my own practice. On the 9th of Sept., 1843, I was called to visit the child of Mr. Joseph Smith, aged nine months. I found it suffering from syncope. It had had several fainting fits that day. I administered the usual restoratives. It soon revived, but again relapsed, and remained with a tendency to fainting for several days.

I was again called to see this child on the 5th October following. It was then in convulsions, and notwithstanding all my efforts to arrest them, they continued with scarcely an intermission of ten minutes for forty-eight hours, and then when every one about him supposed that he was about to breathe his last, he unexpectedly recovered. These attacks continued at intervals up to the time of his death, the child always presenting a feeble appearance, and in fact although he attained the age of five years, never being able to walk.

He continued my patient upwards of four years, and when in his best state of health presented the following appearances:—blue appearance of the skin, more marked about the lips, eyes, temples, forehead and hands, but extending more or less over the whole body—fingers and toes generally slightly swollen — onsiderable depression of temperature over the whole body—difficulty of breathing, which was sometimes excessive.

In October 1846, the following physical signs presented themselves—dullness on percussion over the region of the heart—increase of impulse in the heart's action, more distinct at the lower edge of the ribs. Examination with the stethoscope detected a very strong murmur between the third and fourth ribs, which seemed to extend upwards, and was accompanied by a tremulous sensation. This murmur was also very distinct at about the juncture of the fifth rib with the sternum. Subsequent examination presented the same physical signs. On the 5th of June, (1847) I was again sent for in great haste to visit this child, and on my arrival at the house found it dead, and from what I could learn, suppose that it died in a convulsion. I obtained permission to make a post mortem examination, and the next morning, assisted by my friends, Drs. J. P. Judkins, Baker, Mendenhall, and Kauffman, proceeded to do so. The autopsy presented the following appearances:

General livid appearance, except on the face—finger nails incurvated and much enlarged—fingers swollen, with a bulbous appearance at their extremities—thorax very prominent over the region of the heart—abdomen much distended—general engorged appearance on opening the thorax

—remains of thymous gland larger than natural—little or no fluid in the pericardium—hypertrophy of the heart, particularly the right side, which was enormously enlarged—the walls of all the cavities much thickened, particularly the right auricle and ventricle—pulmonary artery very small, and contracted at its orifice—aorta arises from both ventricles, the septum of the ventricles being wanting at the valves of the aorta, thereby allowing a free communication between the ventricles and that vessel,—ductus arteriosus slightly pervious. Foramen ovale open and valvular,—lungs much engorged.

It will be observed that this case presents several of the most important varieties of con-formation: 1st—The contraction of the pulmonary artery, impeding the passage of the blood to the lungs. 2d—The mal-formation of the aorta, whereby a large quantity of venous blood must necessarily pass into that vessel at every systole of the ventricles, and which I believe would to some extent assist in producing the discoloration of the surface, and especially the livid appearance of the mucous membranes. 3d—The pervious state of the ductus arteriosus, and 4th—The persistent opening of the foramen ovale, both adding to the same result. Besides which an additional effect of these or any other defect in the conformation of the heart, would be to produce an obstruction in the pulmonary as well as in the general venous system, producing a partial stasis of the capillary system, thereby rendering the process of arterialization slow and incomplete.

In regard to the treatment of this affection when it depends upon an organic lesion, we can adopt no general plan suited to the case, for the complete removal of such a disorder is quite beyond our reach.

The treatment must of course be palliative, depending upon the character of the lesion and the individual case. The symptoms may be mitigated and the life prolonged by avoiding violent exercise, as well as any other circumstances which may tend to increase the circulation or quicken respiration. It is important to maintain a healthy state of the digestive organs by suitable diet and medicines. In cases of acute pulmonary affections supervening on this disease, prompt blood-letting may be required. In those cases where the circulation is languid, the temperature much below the natural standard, and the strength much reduced, stimulants may be used to advantage; and as it is important to maintain a tranquil state of both body and mind, opiates may be given to control those symptoms arising from an irregular action of the heart. And although active exertion should be entirely

precluded, yet passive exercise in the open air will mitigate the violence of the symptoms and prolong life.

Dr. Meigs contends for the doctrine that persistence of the foramen ovale, is the cause of cyanosis in infants. He says, "as the occlusion of the foramen ovale is prevented by the torrent of blood flowing from the inferior vena cava, raising and keeping raised the interauricular valve, which is thin and floating, it occurred to him to place the cyanosed child on the *right* side, with the head and trunk somewhat raised, so that the interauricular septum should be maintained horizontal, and the blood contained in the left auricle, should press with its whole weight on the closed valve. I have frequently seen the blue color disappear at the very instant that the infant was placed in this position, proving that the oxygenated blood only entered the arteries." Dr. M. says that he has in this way saved the lives of fifty or sixty children in a hundred; whereas, according to previous reports, all the other means hitherto tried have been unsuccessful.

ART. V.—*Case of Hydrophobia.*—By ABNER H. BROWN, M. D., *Lowell, Mass. Prof. of Materia Medica in the Berkshire Medical Institution.*

As the pathology and treatment of Hydrophobia are still unsettled, it may not be entirely useless to put on record the following case, though its history is very similar to that of many others. It is only by the study of individual cases that we can arrive at a correct knowledge of this, or any other disease, and the more of such cases, accurately described, that we have, the better opportunity they will afford for comparison and generalization.

On the 29th of July last, William H. Bardwell, aged 18 years and 9 months, was bitten by a dog which had been brought into the auction shop of Shapleigh and Farrington, for the purpose of being sold. The dog escaped and was not heard of afterwards. The wound was inflicted on the right arm, about two inches above the wrist joint; the teeth penetrated through the skin on each side of the arm, though the wound was considerably deeper and wider on the anterior surface than on the other. The wound was dressed by a physician soon after it was inflicted, but, singularly enough, neither excision of the part, nor the application of caustic was resorted to. It healed readily, and the affair was apparently forgotten, though it is said that young Bardwell expressed to a friend some apprehension of the dreadful fate which actually impended over him.

On Sunday, Nov. 5th, he complained of pain in the head, back, and especially in the shoulder of the arm which had been bitten. On Monday he was about, as usual, though still complaining of the same symptoms. Tuesday morning, feeling no better, Mr. B. applied to Dr. J. W. Graves for medical advice. At this time there was the same pain in the head, back and shoulder; pulse slightly accelerated; tongue partially coated with a white fur, but there was nothing to indicate serious disease. He was directed to use the warm bath, and to take some gentle cathartic. This he did with apparent relief.

About 4 o'clock in the afternoon, however, while he was attempting to drink some water, a slight spasm came on. Dr. Graves was immediately summoned, and in the course of an hour or two, other physicians were with him. Their efforts to induce the patient to drink water uniformly brought on a spasm as often as they were repeated, and soon the most sceptical were satisfied that it was an unequivocal case of Hydrophobia.

During the evening the spasms were neither frequent nor severe. The earlier ones were a simple shuddering and drawing back at the taste, and even at the sight of water. In the intervals the patient made no complaint of particular pain or discomfort; his mind was perfectly clear, and he was fully conscious of his dreadful situation. After consultation, it was determined to try the effects of the inhalation of chloroform. The patient was easily brought under its influence, and so kept *during the entire night.* There was no return of the spasms, and nothing to indicate that a subtle and fatal poison was doing its terrible work in the system of the unconscious victim. Early the next morning, however, the quantity of chloroform which had been procured was exhausted, and no supply being immediately at hand, its effects soon passed off, and the patient became conscious again. From this time the spasms became more frequent and violent; they very closely resembled each other, but it seemed that every one was more terrible than the preceding. Sometimes there would be an interval of several minutes, and then two or three spasms would follow in quick succession. The convulsive, catching respiration, which a person exhibits who has been unexpectedly immersed in water, or subjected to the shower bath, bears a faint resemblance to the milder spasms of this man, in the early part of Wednesday.

The sight of water, the mention, or even the idea of it, a current of air, the touch of a cold hand, even the slightest cause was enough to throw into convulsive action the dia-

phragm and all the muscles about the chest and neck. Various attempts were made in the course of the forenoon to administer the chloroform, but without avail. The cold which it produced by evaporation instantly threw the sufferer into frightful spasms. At this time the cicatrix of the principal wound appeared red and inflamed; the secretion of saliva also began to increase, and in a short time there was quite an abundant flow of frothy saliva and mucus.

About 11 o'clock the spasms seemed to have reached their height; at first they were confined to the diaphragm and the muscles of the neck; but now the whole body was involved.—The united strength of several men was required to prevent him from injuring himself and others, and at length other means of restraint became necessary. The inhalation of chloroform was again proposed, and after a good deal of persuasion the patient attempted it. The first efforts were attended with violent spasms, but about noon its influence was fully established, and he became quiet, though not entirely unconscious. That a sufficient quantity of chloroform might be kept on hand, a person was sent to procure a new supply; but unfortunately, before his return, the attendants had used up all they had, and the patient relapsed again into his former condition. The spasms were violent and frequent, and were attended by loud crying and shouting. Most of the afternoon was spent in vain endeavors to bring him under the influence of the chloroform, and about 5 o'clock this object was accomplished; chloroform was freely inhaled for about an hour, when it was gradually withdrawn. There was no return of the spasms, and only slight efforts to move; his breathing and respiration resembled that of an apoplectic person.—Towards the last the discharges from the mouth became bloody; the whole amount of saliva and mucus discharged was estimated by Dr. Curtis, who was very constantly with the patient, at eight or ten ounces. He continued in the state I have described till about 8 o'clock in the evening, when he quietly expired, 28 hours after the appearance of the first spasm, and one hundred and two days after the wound was inflicted by the dog.

Post Mortem Examination.—The results of the examination of the body after death, were as unsatisfactory as they usually are in such cases. The *Brain* exhibited appearances of active congestion; the vessels of the membranes were crowded with blood, and as the substance of the brain itself was sliced off, numerous bleeding points quickly appeared. The *Spinal Cord* seemed to be healthy. The mucous membrane of the *Fauces*, *Larynx*, *Trachea*, and *Bronchia* was intensely inflamed. It ap-

peared, as one of the physicians present said, as though a brush, dipped in red paint, had been drawn over the whole surface. Notwithstanding the abundant secretion of mucous and saliva, the parts, at the time of the examination, were quite dry. The *Epiglottis* was considerably tumified; no other abnormal appearances were observed.

We must conclude with Dr. James Johnson, "that it cannot be denied, but that the most evident indications of inflammatory action attend the symptoms, and distinguish the pathology of hydrophobia; that we have often inflammation of the œsophagus, pharynx and larynx, and occasionally of the brain and spinal cord; yet it is generally admitted that these appearances are more the consequences than the cause of the disorder, and that although frequently present with, they are by no means essential, to the existence of hydrophobic action."

ART. VI.—*Manual Delivery of the Placenta.*—By J. BYRD SMITH, M. D., *Cincinnati.*

FROM the period when the attention of the physician was first directed to the study of obstetrics, as a science, up to the present day, all writers of distinction in this department of the profession, have considered the expulsion or delivery of the Placenta, of sufficient importance, to devote a chapter to the special elucidation of its phenomena. And notwithstanding that most of them have zealously labored to devise and establish specific rules for the guidance of the profession, under the various conditions that may present themselves to notice, but little uniformity prevails in the practice pursued by different individuals. Whilst nearly all agree that it is improper to make time a criterion for manual interference, not a few are found to be governed in this respect, by time alone. One authority deprecates an early interference with the natural efforts as highly censurable, whilst another with equal honesty and earnestness, declares, that too often the time for proper action is allowed to pass by, and what would otherwise have been an easy and safe operation, is by delay converted into one of difficulty and danger.

The principles which governed the ancients in an immediate manual extraction of the placenta, may, at first sight, seem based upon erroneous deductions; still there is much good sense and sound reasoning intermixed with what subsequent investigations have proved unfounded and unphilosophical.—Attributing to the uterus but little else than mere passive power, and supposing that the fœtus possessed an inherent power

within itself of favoring its own separation at the proper time, from its connection with the mother, they, carrying out the same train of reasoning, when applying it to the placenta, very naturally concluded. that the moment its relations with the child were changed, it became a dead, useless mass, and as such, the sooner the economy was freed from it the better. And from the supposed want of power in the uterus, they feared that without assistance, but little hope could be indulged of its separation. Another cause assigned for their practice, was, that the placenta being a dead substance, became pernicious every moment it remained; and that the woman was in danger of being poisoned from its contact with the internal organs. The most rational motive advanced by them for their mode of procedure, and one which unfortunately is too often lost sight of at the present day, was, that if not soon extracted, it would be almost impossible to bring it away, from closure of the mouth of the uterus.

The great desire of modern physicians to effect changes, both in the principles advanced, and practice pursued by their predecessors, in the science of obstetrics, has caused them to run into extremes in reference to non-interference. From observing that in many instances, the uterus is capable of excluding the placenta without assistance, they erroneously suppose that interference is wholly unnecessary, and always to be deprecated; and in thus becoming mere watchers at the bedside, they lose sight, in a great measure, of the object the accoucheur should have in view. We have strong evidence of the design of nature to effect an early separation of the placenta, in the fact observed by every one familiar with midwifery—that as a general rule, in the course of 10 to 20 minutes, or a short time after the birth of the child, the action of the womb returns for the purpose of expelling the after-birth.—In corroboration of this design, we have analogical testimony from what is observed in carnivorous animals; when their young have been a short time expelled, they, apparently feeling pain, lay hold of the navel string with their teeth, in order to extract the placenta; and it is probable that a woman in a state of nature, would, with her own hands, give something like the same assistance. So much to refute the opinion advanced by some, that mere retention is of itself insufficient cause for an early interference, by demonstrating that by such assistance we are only accomplishing what nature designed the uterus itself to affect.

Dr. Denman, who in most matters in midwifery stands deservedly high, and merits much credit for the many important improvements he has given to the science, has promulgated

some singularly untenable opinions on this subject; and I cannot avoid concluding that inconvenience, and danger, has often resulted from their adoption in practice. He remarks, when speaking of retained placenta, (I suppose he refers to that variety of retention caused by suspended action,) "That after a certain time, but certainly not within one, perhaps two, or even more hours, unless compelled by hemorrhage or some untoward symptom, only very gentle means are to be used to favor its expulsion." Again he says "that a time will come when we must determine upon its extraction, or leave it behind, and the latter being unsafe, and unjustifiable, the mere retention will be sufficient authority for us to extract it * * * if it be not expelled at the end of four hours, it is generally wise to determine upon extracting it." And from his subsequent remarks, it would appear, that his chief motive for then interfering, is fear of closure of the mouth of the uterus. Nor is this all; as if determined to retard as long as possible, the woman's being placed in a condition of safety and comfort, he suggests the propriety of leaving the afterbirth in the vagina, after its removal from the uterus, for at least one hour, assigning as his reason for the practice, that by its bulk it acts as a tampon, in this way preventing hemorrhage.

Dr. Francis, in commenting on Denman's views, is of opinion that whatever may have been the success attendant upon his practice, the plan of thus permitting the placenta to be retained, cannot be justified. He fixes the limit of non-interference at two hours. As might be expected, he rejects the idea of leaving the placenta in the vagina as absurd.

Though far from adopting all his views on this subject, Velpeau's course of procedure in retention, seems to me more rational and judicious than that pursued by any other modern writer, with perhaps the exception of Prof. Murphy; and if generally adopted would be productive of much good. He says, when criticising the practice pursued by the ancients, "that immediate manual delivery if followed in all cases, would sometimes prove dangerous, but not more so than that recommended by most authors of the present day, of waiting hours for the natural delivery." "Being," says he, "in 1823, still imbued with the prevailing ideas on this subject, I used to wait until the pains came on before I proceeded to act, and I stopped as soon as I perceived the slightest resistance, and in the space of six months was obliged to wait on one occasion ten hours, on a second twenty-four, on a third thirty-six, and on a fourth forty-eight; and in the last case was obliged after all to introduce the hand. Since that time I have never

been obliged to wait more than one hour; for me it suffices that the womb has contracted and become hard, even if the woman has felt no pain nor dragging sensation, and up to the present time, I have had good reason to be satisfied with my mode of proceeding."

The doctrine of the great danger of manual interference in the delivery of the placenta, as taught in the schools and most of the text books, is, I am well satisfied, calculated to mislead inexperienced practitioners, and lull them in many cases into discreditable and dangerous inactivity—discreditable to their own reputation, and dangerous to the welfare of their patients. Being fully convinced that the plan of procedure so plainly laid down in books, and forcibly impressed upon their minds by eloquent teachers, is all that is necessary to govern them in their actions, they wait with blind confidence for pains to appear, before attempting any assistance; and even when that assistance is rendered, from their great fear of inflicting injury, they make use of such slight and inadequate force, as only to annoy the woman and perplex themselves, without in the least hastening the delivery. The practice generally recommended is to make friction over the abdomen, to excite the uterus to contract, and traction of the chord, during the continuance of pains, to second the efforts of nature in the expulsion. Now it seems to me that these very means, instead of hastening the end for which they are instituted, only tend to protract and complicate the delivery. The object of the friction is said to be to produce uterine contractions; these it may to a certain extent induce, but the contractions will be inefficient, and limited to particular parts of the organ, and in consequence, danger of producing irregular contractions will be the result, in many instances, of such abdominal rubbing. Prof. Murphy says "irregular contractions are excited by drawing the funis frequently, for the purpose of ascertaining whether the placenta is separated; and also by friction over the anterior walls of the uterus, or rather over the corresponding portion of the abdomen. By this manipulation the uterus is often pushed over the iliac fossa, where it remains in a semi-contracted state; or the anterior portion of the uterus is contracted, whilst the posterior, where the placenta is commonly attached, is relaxed."

What is the consequence in cases of retention, where the young practitioner, following out the principles he has been taught to be correct, finds hour after hour passing, and no change for the better taking place in the condition of the woman? Doubts begin to be entertained as to his skill, and he is viewed by his patient and her friends with distrust; a con-

sultation is demanded ; an older or less timid practitioner called, who from the fact of his knowing that little or no danger attends the manual delivery of the placenta, when carefully performed, proceeds at once to do what should have been done hours before—deliver by the introduction of the hand—and receives a great deal of credit for his supposed superior skill, whilst the young man is set down as ignorant of his duty, and incompetent to practice his profession. The latter at length learns from bitter experience, and blasted reputation, that acquiring rules from books and teachers of medicine for his guidance in practice, is one thing, and carrying them out at the bed side, another. He also makes the discovery, that many who insist with the greatest zeal, on the propriety of leaving all to nature, are not those who wait the longest for nature to act.

This is no fancy sketch. I speak from that best of all authorities, experience. Leaving college, saturated, if I may be allowed the term, with the prevailing idea of the danger of manual interference with the natural efforts, and sincerely believing that the chief duty of the accoucheur was to sit by with his arms folded, and watch nature, fully confident that she would be found competent to discharge all her functions, I was summoned to my first case of midwifery. In one respect I was fortunately circumstanced; being connected with a public institution, I was less liable to suffer in reputation if difficulty occurred, than I would have been in private practice.—The labor was natural, the woman healthy, with a well formed pelvis, and a first pregnancy. After waiting two or three hours from the birth of the child, during which time friction over the abdomen, and traction at the funis, were diligently pursued, without any descent of the placenta, a messenger was despatched for the attending professor of obstetrics, and by the time of his arrival, the placenta had been retained over five hours. The delivery was accomplished by the introduction of the hand. In this case puerperal fever subsequently supervened. In the second case the placenta was still retained at the end of an hour from the expulsion of the fœtus, although the usual means had been resorted to for eliciting uterine contractions. I now felt disposed to doubt the correctness of preconceived opinions, and was reluctantly forced to conclude that nature unassisted, or what amounted to about the same, assisted by the usual means, was not likely to accomplish all that was desirable. The question naturally suggested itself to my mind, whether more injury was not likely to result to my patient, from long retention than from immediate manual delivery. After deliberately turning the matter in my

mind, and reflecting, that in all probability I would, even if the operation was delayed for hours, eventually have to resort to an introduction of the hand, I at length determined upon an immediate delivery. The hand was introduced without difficulty, and with apparently but little pain, or inconvenience to the patient. No force was found necessary in the extraction, for as soon as the hand had passed beyond the placenta, and come in contact with the walls of the uterus, active contractions of that organ supervened, and both the placenta and hand were immediately expelled; the patient had a speedy getting up. Whether the long retention in the first case had any influence in predisposing to an attack of fever, I do not attempt to determine, but from some unfavorable symptoms in two similar cases subsequently, I am disposed to think it had.

The favorable results obtained in the second case, encouraged me to persevere in immediate delivery, in my subsequent labors; and I can say, in the language of Velpeau, that I have had good reason to be satisfied with the practice pursued, and now I have no fear of being detained for hours, in the delivery of the placenta. What under the old practice is always vexatious and more or less dangerous, is by this method rendered comparatively easy and safe. The accoucheur, instead of delaying the delivery, can proceed to the extraction immediately after the birth of the child, and in a few minutes the patient can be left with an assurance of safety and comfort.

The method pursued by me, is during the expulsion of the fœtus, as the fundus becomes emptied, to make, or cause to be made, firm pressure over this part of the uterus. By this means we insure a uniform and efficient contraction of the latter from above downwards, with the effect of detaching the placenta from its connection with the uterus during the same pains which expel the child. This kind of assistance, first suggested by Dr. Murphy, I have made use of in some 15 or 20 cases, and have never been disappointed in the result; the placenta on examination, being found detached in all of them. After giving the necessary attention to the child, I proceed to an examination of the uterus, and if not found contracted, it is grasped firmly with both hands, and the compression continued until it is felt to harden and recede within the pelvis.—Without waiting for pains, steady traction at the chord is pursued, whilst at the same time the hand is grasping the uterus externally. Friction over the abdomen I consider, for reasons before assigned, as not only inefficient, but sometimes decidedly injurious. The operation of grasping the womb is as readily performed, and much more likely to accomplish the desired object. After thus manipulating for a few minutes, if

the placenta does not descend, I direct an assistant to make sufficient pressure externally, to maintain the fundus of the uterus in a proper position, and proceed to pass the fingers, and if necessary, the hand, into the vagina, for the purpose of stimulating the uterus to contraction. Sometimes this alone excites contractions, but if not, the hand being conically shaped, is passed along the funis, into the uterus; this should not be done in a hurry, but slowly and carefully, so as to avoid inflicting injury upon the woman. The hand being passed beyond the placenta, which will generally be found in the neck of the womb, grasps it. The increased volume of foreign matter in the cavity is usually sufficient to produce immediate and efficient contractions, and the hand with the secundines will, in most instances be forcibly expelled. If such is not the case, the hand containing the placenta, as much reduced in bulk by compression as possible, is to be gently brought away; the assistant increasing the external pressure as the womb is emptied of its contents. As soon as the placenta is removed, a bandage can be applied and the woman made comfortable.

The advantages of this disposition of the placenta, are—

1. *It shortens the period of the patient's suffering and anxiety.* The shorter this is, all other things being equal, the less prostration of strength, and consequent danger of subsequent untoward symptoms supervening. The fact of a woman being compelled for hours to lie in her wet clothes, independent of its depressing effects on the mind, is, in my opinion, sufficient cause for our interference—especially when it is well known that no great danger is to be apprehended from that interference. This uncomfortable condition of the woman is particularly distressing in families of low circumstances, where a woman, in the most inclement weather, has but scanty clothing, and scarcely any means of producing warmth in her apartment. The condition of her mind is frequently found correspondingly depressed, and generally to partake of the temperature of surrounding circumstances. It is impossible to convince her of safety until the placenta is removed; and the longer this is delayed, the more gloomy and apprehensive she becomes. Nor is the condition of her medical attendant much to be envied. Knowing that it is strictly his duty to remain with the patient until the placenta is delivered, he becomes restless and impatient at its retention; and fearful of introducing the hand, he, in a fit of desperation, makes forcible and sudden traction at the chord—thus endangering its rupture, or, what would prove most deplorable, inversion of the womb. Under these circumstances, is it not

wiser to adopt a procedure which, whilst equally as safe as the old method, relieves both patient and attendant from much inconvenience, and the former from some danger. I can call a case to mind where the placenta had been retained some twelve hours, the gentleman in attendance supposing he was doing all that could be required of him by waiting patiently for uterine contractions, with occasional rubbing over the abdomen, and slight traction of the funis. He was an old practitioner, and had attended a large number of obstetrical cases. He informed me that, from fear of inflicting injury on the soft parts by manual interference, he had repeatedly waited hours for the natural expulsion of the placenta, and that he had never dreamed of such a thing as delivery by the introduction of the hand, without a previous consultation. Some difficulty was experienced in the delivery, in this instance, from partial contraction of the neck of the uterus, the effect of the long retention; and the woman's subsequent recovery was not as speedy as I could have wished. For several days her pulse was up to 110, with tenderness over the uterus. That these symptoms were not dependent upon inflammation, was proved by the successful application of fomentations, and the administration of stimulants and anodynes.

2. *It lessens the danger of hemorrhage, by causing immediate and efficient contractions of the uterus.* It is a well known fact, that so long as the placenta is undelivered, the woman is in danger of flooding. The reason is, that as long as the uterus contains within its cavity a foreign substance of the size of the placenta, it is prevented from contracting down to such a volume as to close the mouths of the blood vessels that have become exposed in consequence of the detachment of the placenta—hence such means as act with the most certainty, both in the delivery of the latter, and in producing immediate contractions of the former, will materially lessen the danger from this source. There is one circumstance worthy of notice, observed both by myself and one of my friends, that I will mention in this connection. In cases where the placenta has been delivered by the introduction of the hand, the quantity of blood lost by the woman is not more than one half as great as where left to the natural efforts. The explanation of this is to be found, I suppose, in the fact just stated of the introduction of the hand producing earlier and more powerful contractions of the uterus, and thus at once arresting the discharge of blood from the open mouths of the vessels.

3. *The removal of the placenta by the introduction of the hand, if early resorted to, is of easy performance; and, if carefully done, is not productive of injury to the mother.* Most of the authorities

in midwifery admit, that, in a majority of cases, the placenta is detached from its connection with the uterus, with or soon after the expulsion of the fœtus. An examination will almost always discover the afterbirth in the neck of the womb—the latter organ being found partially contracted. The volume of the placenta appears too small to be felt by the uterus at its fundus; and until some irritant is applied, to stimulate its fibres to increased contractions, there can be but little hope of its speedily expelling the placenta—for the uterus must, from the nature of its relations with the placenta, contract down to such a size as to allow its taking cognizance of the presence of this foreign body, before nature will be aroused to an effort at throwing it off. This will require a longer or shorter period, according to other controlling influences. In this variety of retention, Prof. Murphy is of opinion that the placenta is retained merely because the uterus is deprived of the necessary irritation to cause its contraction. In such instances, the first contractions of the uterus not being supported, the organ becomes as it were accustomed to the presence of the placenta, and it remains imperfectly contracted about it, without any efforts at expulsion. In this way the placenta may remain four or six hours in the uterus without being expelled. Is it, under these circumstances, safer to allow time for the uterus and vagina to contract, and thereby cause its expulsion, particularly when there is a prospect of its being long retained, the simple retention of itself being acknowledged a serious thing, than to augment the volume of foreign matter within the cavity of the uterus by the addition of the hand, so as to be felt, and thus hasten general and regular contractions of that organ? From the introduction of the hand, if early determined on and carefully performed, no fear of inflicting injury need be entertained, because of the existing state of dilatation of the soft parts. A head has but recently passed without injuring these organs, and is it reasonable to conclude that a body of one-eighth its dimensions, passing under a similar condition of things, will prove injurious? To me, the very idea of fearing injury under such a state of things, seems preposterous; and I must continue to believe the practice judicious and safe, until I can see or know of some well authenticated unfavorable consequence, either proximate or ultimate, clearly traceable to it.

I am aware that many writers in high places affirm, that the introduction of the hand for the delivery of the placenta is both unnecessary and dangerous; and some few even go so far as to cite cases where ill effects have followed such practice. But such cases prove nothing. They lack the principal

element of success—an early delivery. After waiting for hours for a natural delivery, as a last resort, they introduce the hand, and if unfavorable results follow, we are taught to believe that all is owing to the operation—entirely losing sight of the deleterious effects of the long retention itself, and the very unfavorable circumstances under which the manual delivery is accomplished. No one conversant with the action of the uterus will suppose, that after the neck and mouth of the organ have partially contracted, an introduction of the hand can be accomplished without giving some pain to the woman, and producing more or less injury to the soft parts. But no such ill effects will obtain where the operation is performed within the first half hour after the expulsion of the child.

ART. VII.—*Case of Fracture of the Skull, followed by enormous Serous Discharge from the Nose.*—By L. W. HAMILTON, M. D., *Chardon, Geauga county, O.*

On the 22d October, 1848, I was called to see Mr. T., a blacksmith, about 40 years of age, and heard the following history of his case: A little more than three weeks before, he received a blow upon the left parietal bone, by a kick from a horse which he was attempting to shoe. I found a cicatrix in the integument about two inches in length, over the anterior inferior angle of the bone, with the appearance of a slight indentation. It was said by his attendants, that he had recovered from the injury so far as to be able to walk about the neighborhood, in a few days. About ten days after, there came on a profuse serous discharge from the left nostril, which continued, sometimes more and sometimes less, up to about ten days before I was called. The quantity discharged was, at times, enormous, estimated by a number of intelligent persons who saw him at different times, at from two to four quarts in a day. His wife informed me (and her statement was corroborated by a very intelligent young lady who frequently called there,) that a half pint cup, which was used to receive the discharge, would frequently be filled in two or three minutes. Before the cessation of this discharge, he had chills for several days, followed by febrile symptoms; and about a week before I saw him, had been perfectly comatose, with paralysis of lower extremities, involuntary discharges, &c. The only treatment advised under the circumstances was active hydragogue cathartics, which, for a time, seemed to give relief; but on the 25th he died.

On the 26th, in company with Dr. Taylor, my partner, and several other medical gentlemen, who happened to be in the

neighborhood, we proceeded to make a post mortem examination, which resulted as follows: On removing the integument, a fracture (with slight depression,) extending anteriorly along the inferior portion of the parietal bone, was all worthy of notice that could be discovered. When we passed into the cranium, the dura mater was found highly vascular through its whole extent. Over the whole surface of the brain, between the pia mater and the arachroid, was a layer of coagulable lymph, and one or two slight patches of pus. The ventricles contained a half a pint or more of fluid; and tracing the canal forward to the attachment of the falx to the vomer, it appeared evident that this fluid had passed from the ventricles forward, and through the cribriform plate of the ethmoid bone, into the nose. The cerebral mass at this point was softened down, and appeared as if mixed with pus. A slight fracture was also discovered extending into the petrous portion of the temporal bone, and another in the lesser wing of the sphenoid. Whether the ethmoid was fractured, or whether the fluid had passed through the natural openings, I am not quite certain.

That his life was continued for a long time by this fluid finding an exit as it did, I think there can be no doubt.

ART. VIII.—*On Cholera.*—By J. P. JUDKINS, M. D., CINCINNATI, *Professor of Anatomy in the Starling Medical College.*

IN compliance with your request "to prepare a condensed article upon the most approved methods of treating Cholera," the following is submitted, which is drawn up chiefly from the experience of American and European Physicians. Although it will be found imperfect in many particulars, still it is believed to embrace the best plans of treatment now in vogue.

The writer has never had any practical experience in the treatment of this Scourge, as its first appearance in this country was during the time of his pupilage in medicine. But one thing at that time made a deep impression upon his mind, and has engrossed it much since. This was the great mortality which attended Cholera shortly after its appearance in a neighborhood. To what was this owing? Was it to the greater virulence of the specific cause, pervading the air or rather, might it not be attributed, with some show of reason, to the tardiness of physicians in approaching and grappling with the foe? Premonitory symptoms of cholera, loss of appetite, diarrhœa, &c., were too often attributed to the effects of fear upon nervous individuals. (It will be well to bear in mind,

that in 1832, the opinion was generally entertained that the disease was propagated by contagion.) We repeat then that such self-delusion enabled cholera to gain a strong foothold, and to mark down many victims before the physician was aroused to a sense of his danger, when he found, too late for many, that the disease was in their midst, and that the time for successful treatment had passed with many cases, in whom the premonitory stage had given way to cholera in its worst form.

The *History* of cholera has been fully and accurately detailed by medical authors; we will therefore entirely omit it in this paper; suffice it to say that the disease which is ravaging Europe, and has recently appeared at New York City, presents the same features, the same rate of progress from point to point, and is in every particular identical with the cholera which visited our country in 1831–2.

Causes.—Of the primary or specific cause, we know little or nothing. It pervades the atmosphere, and successively attacks different sections of the country, most generally following the course of large streams. The majority of the profession concur in the opinion that it is not contagious.

The Exciting Causes are many; impure air from any cause, as neglected vaults, decomposing matter thrown from slaughter houses, bake shops, kitchens, &c., stagnant pools, damp cellars, ill ventilated apartments, personal uncleanliness, intemperance in any thing, as sexual indulgence, mental or physical exertion, or in spirituous liquors—the poor inebriate is generally the first victim sacrificed to the rapacious monster—depressing emotions, as anger, fear, grief—the ill-fed and overworked are very liable to be attacked.

Symptoms.—These consist 1st, of the premonitory or forming stage; 2nd, those of decided Cholera, or the stage of congestion; 3d, of collapse, and 4th, of reaction, which seldom occurs. 1st, *The Cholerine or Premonitory Symptoms.*—We may remark here, that slight derangement of the bowels and stomach always preceded and followed the visitations of cholera, which is probably owing to the peculiar agent being present in the atmosphere in a slight degree. In most cases, the appetite is at first impaired, sometimes lost; there is languor; a sense of fatigue; uneasiness at the stomach; fullness of the bowels; tongue whitish and moist; thirst; may be some colic pains; hiccough, &c.; diarrhœa ensues earlier or later. At first the stools consist of the ordinary contents of the stomach and bowels, but will soon be followed by rice water discharges, which may be frequent. *2d stage, Decided Cholera.*—This is often ushered in at once; generally from some exposure or

imprudence, but more frequently is preceded by some of the above signs. In this, the appetite is still more impaired; may be pain in the loins and abdomen; rigors; vertigo; noise in the ears; disordered vision; faintness; paleness of the face; pulse feeble; urine scanty; vomiting and purging, which in some cases may occur at the onset; generally attended with cramps in the voluntary muscles; stools look like rice water, or rennet whey; may be frequent and copious, and griping. The matter vomited is nearly of the same character, with thick glairy mucous. These symptoms continuing for some time, will usher in the 3d *Stage or Collapse.*—Here the pulse is very feeble; extremities cold; features shrunken; intense thirst; surface bathed in a cold sweat, often of marble coldness, of a leaden hue; skin of the extremities becomes shrivelled as if long soaked in soap and water; may be great restlessness; secretion of urine nearly suppressed. If still unchecked all of the symptoms become more aggravated; stools more frequent, thin and copious, and may have an urinous smell; burning in epigastrium; pulse almost indistinct; respiration hurried and oppressed; breath cool; no elasticity of skin, if pinched it retains the fold; is of a dark purple or livid color, especially the nose, lips and nails; eyes sunken, and surrounded by a livid circle; urine and tears suppressed; conjunctiva dry, and of a dirty white color; signs of great prostration; skin still sensitive; intellect generally clear, may be obtuse; patient feels but little sense of danger; is apathetic. A step further, and the pulse is imperceptible; voice becomes a low wail, and finally extinct; breath cold; patient looks like a corpse; eyes glazed; stools may continue involuntary, and stupor generally precedes death, which may occur in four or five hours from the attack, but mostly in one, two, or three days. If he rallies we have 4th, *the Stage of Reaction.*—The skin becomes gradually warmer; the shrivelling and sweating subsides; respiration improves; a high degree of excitement may ensue; throbbing of the carotids; pain in the head, and delirium; local inflammations may supervene, or the disease may assume the characterof Typhoid fever. Generally, this stage is but temporary, the patient soon relapsing.

Post-mortem Appearances.—In those cases dying in a state of collapse, the arterial system was found empty, and the venous engorged with black and imperfectly coagulated blood, with the exception of the capillaries of the lungs; these were found less frequently in a state of congestion. Spencer states that he found the lungs pale and healthy; peritoneum, dry; small intestines, congested; glands of Peyer and other depurative glands of the intestines enlarged; brain, spinal chord and

nervous ganglia slightly congested, but structure unaltered.—When death occurred during the stage of reaction, the phenomena were different; blood of lighter color; not so much congestion as signs of inflammation present. Blood from the arterial system of a cholera patient, is found to be impoverished—deprived in a great measure of its water, carbonate of soda and other salts. Drs. Thompson and others, state that the rice water discharges consist chiefly of water holding in solution carb. soda and other salts, and a small quantity of albumen. They also state that the blood contains less fibrin and albumen. Dr. Stevens' experiments show that arterial is converted into venous blood by the loss of its salts.

Pathology.—This is not fully understood. Many of the French look upon it as gastro-intestinal irritation; others view it as a form of ague, and treat it accordingly. Prof. Lawson, of Cincinnati, in an excellent article upon cholera, contained in the last two numbers of his Journal—the Western Lancet—says: "The conclusion to which we are led, is, that so called cholera *first* dynamically impresses the nervous system, and consecutively various organs, *terminating* in a peculiar form of disease in the gastro-enteric surfaces, from which arises the most obvious and alarming symptoms." He believes that internal congestion will account for most of the symptoms, and adduces strong arguments in the support of his views.

By this theory much can be explained. But is congestion alone sufficient to account for all the phenomena manifest in the worst stage of cholera? Why should it not affect the cappillaries of the lungs invariably, and in an especial manner? To us, something more than congestion with retained carbon, is required in the explanation. Should not the impoverished condition of the blood be taken into account? Its altered constitution, the loss of its water, salts, and a portion of albumen; changes so great as to destroy its capacity for absorbing oxygen, which last, is a condition essential to capillary circulation, and to the vital changes in every tissue of the body.

Diagnosis.—The only disease which may be confounded with this affection, is the ordinary *Cholera-morbus*. We present a few distinctive features as given by Dr. Spencer. 1st, The epidemic cholera almost universally commences with deranged bowels and diarrhœa of several hours duration, whilst ordinary *Cholera-morbus* is scarcely ever preceded by diarrhœa. 2d. In epidemic cholera the stools are devoid of bile, whilst in *Cholera-morbus*, if diarrhœa precedes it, it is bilious. 3d. If bilious stools appear in epidemic cholera, the patient is deemed safe; whilst in *Cholera-morbus*, if the bilious discharges cease,

and watery ones ensue, there is danger. 4th. Epidemic cholera, as well as common diarrhœa, is a disease of all climates, and all seasons; whilst *Cholera-morbus* is mostly a disease of hot weather and warm climates. 5th. In epidemic cholera, the secretion of bile is suspended from the first; but in *Cholera morbus* acrid bilious matter is secreted, and becomes the exciting cause of the disease.

Prognosis.—If correctly treated in the first stage, it can be cured; but few recover from complete collapse. If the skin warms, pulse rises, and bile and urine appear in the secretions, there is ground for strong hope. "Dry cornea, ecchymosis of the conjunctiva, and a perfect stasis of the blood, as indicated by the want of any change of color in the gums or inner surface of the lips upon pressure with the finger, is a certain sign of approaching death."

Prevention.—A great many precautionary measures have been enjoined by the profession, the observance of which will exercise a strong influence in warding off an attack of cholera. Secure pure air, cleanliness of every kind, preserve an equable temper of mind, avoid sudden exposure to heat or cold, indigestible food, or drinks, as cider, impure wines, and imperfectly fermented liquors. Meals should be regular, consisting chiefly of light meats and broths, stale bread, crackers, rice, eggs, &c., mustard, pepper and ginger as condiments. Clothing should be comfortably warm; sleep as high up as second story, and sleep warm. No old established habit should be suddenly changed. Avoid cold currents of air, and morning damps; over exertion of mind or body, as sexual indulgence, or any thing that will depress the powers of the system.—Chambers cleansed and ventilated, and fires kept up in them; offensive matter removed from the premises, and disinfecting agents used, as nitrate of lead or chlorine gas. Public measures should be adopted in all sections of the country, and particularly in my native city, Cincinnati, are they especially required. It behooves the Authorities to take the matter in hand. Trusty men should be appointed in every ward and township, whose duty should consist in making a careful investigation of every part, and where changes are necessary enforce them. Vaults should be cleaned, and persons prohibited, under a severe penalty, from throwing organic matter into the streets or alleys. Slaughter-houses and bake-shops should be seen to; cellars cleansed, sanded and ventilated. Public measures might also be adopted for purifying the air more extensively. According to Dr. Prout's experiments, the air over districts infected with cholera, is found to possess an increased spec. gravity. Doubtless the poisonous agent is here, present in a greater de-

gree, than in other portions of the atmosphere. Chlorine gas has been used successfully. A writer in Chambers' Edinburg Journal says "that the true remedy is the purification of the atmosphere, and the chief agent to effect this, is chlorine gas, which is an ingredient of common salt. Whole streets and towns can be fumigated as easily as a single dwelling. In 1832, the town of Dumfarline, in Scotland, was affected with cholera from the 3d of September, till the 23d of October. At this last date every street, lane and alley was fumigated with chlorine gas. *Within five days the pestilence was entirely annihilated.* In Edinburg, also, every house in the infected districts, in which chlorine gas was used as a disinfecting agent, *enjoyed an absolute immunity from the disease.*" Of course, the chlorine gas must be diluted, for if inhaled in its full strength, it would be destructive to life. Our chemists can give the required directions.

Would it not also be beneficial in purifying the atmosphere over cities, to use resinous or some other combustible material in furnaces, which are attached to foundries, factories, and mills of all kinds, in order to produce a strong flame, that would project beyond the tops of their high stacks or chimneys. This appears feasible, and we think would do much good, by producing currents in the air that would carry off much of the morbific cause contained therein.

Authorities should likewise make provision for the poor and prevent them from being over worked or ill-fed. When attacked by the disease, they should be immediately removed from the infected district to a dry location, and regular nurses and medical attendants should be secured. They should never be crowded in rooms. Dr. Spencer, in his monograph upon cholera, gives some general rules for the benefit of families, and especially those who live distant from a physician. We will insert some three or four of these.

"1st. To keep the house and person clean.

2d. To use light and nutritious diet, avoiding crude vegetables, as corn, cucumbers, &c.; dress and sleep warm.

3d. If diarrhœa occurs, and it is bilious, it need not excite alarm, unless it becomes profuse.

4th. If suddenly attacked by the disease, and no Doctor is near, give an adult from 20 to 30 drops of laudanum every half hour, till it abates, or until three or four doses are taken; cover up warm in bed, and take some warm tea, and use mustard over bowels. At the same time send immediately for a physician."

By a close observance of the above, and maintaining a stout heart withal, we think that cholera may be divested of many of its terrors, and cheated out of one half of its victims.

Treatment—The great discrepancy of opinion among the profession concerning the nature of cholera, has given rise to the most opposite kinds of treatment. Many believing it a form of ague, of which collapse is the congestive stage, and reaction the hot stage, treat it accordingly, giving quinine, &c., but without much success. Dr. King, of England, in the worst form of the disease, gave cold water *ad libitum*, with large doses of calomel. If ptyalism was induced, they recovered. He thinks that hiccough is a good sign–strange!—He enjoins absolute rest, as indispensable, and says that hot air, brandy and stimulants do harm.

Dr. Ward used bloodletting in collapse, with cold effusion and counter-irritation.

Dr. Black, of England, inclines to small bleedings in the congestive stage, and uses calomel and croton oil twice or thrice repeated, followed by calomel, camphor and capsicum, and non-purgative salines, and ammonia; gives no opium unless spasms were present. Also used enemata of hot salt water, turpentine, beef tea; used warm drinks, and sinapisms to the epigastrium. In alluding to what we believe to be the most rational and successful mode of treating cholera, we will draw largely upon the able article of Prof. Lawson, Professor Wood, of Philadelphia, Spencer of New York, and several of our neighboring physicians.

In the 1st, or *premonitory stage*, our object is to arrest the evacuations, and promote the secretion of bile. Even before diarrhœa supervenes, Dr. Spencer says, if the patient is languid, feels unwell, and tongue is white and moist, give a small dose of colomel or blue pill at night, followed by rhubarb in the morning, and afterwards use some bitter tea, as columbo, quassia or gentian. Dr. Wood recommends for the diarrhœa, a powder composed of calomel, gr. 1-6, and opium 1-12, to be given every half hour. If this is not sufficient to arrest it, add to the powder 1 gr. of acetate of lead, and may, if necessary add again, kino gr. 5, or rhatany. At same time use drinks of cold carb. acid water, to allay thirst and vomiting, and mustard over the stomach. Dr. Lawson, for the mildest form, prefers the following:—

℞		
	Calomel	gr. 10,
	Camphor,	gr. 5,
	Compd. Powdr. Chalk,	gr. 40,
	Mur. Morphine,	gr. 1.

Mix and divide into 5 parts, and give one every 2 or 3 hours as required. In some mild cases a dose of laudanum and tr. of kino will be sufficient.

2d Stage, Decided Cholera or Congestion, attended with vomiting, purging and spasms. Spencer and Jackson contend that the vomiting should be promoted, as it improves the functions of the liver, stomach and skin. They gave full doses of Ipecac, with an infusion of eupatorium, and covered the whole surface, with the exception of the face; also used tr. camphor in hot sweetened water; after free vomiting was induced, they gradually withdrew the hot drinks, and used dry friction, &c. *Dr. Lawson* uses calomel to restore the secretions; a very mild use of nervous stimulants to sustain the sinking powers, and bloodletting mildly, to relieve congestion. The stimulants used are principally assafœtida, musk, valerian or ether.—He thinks Hoffman's anodyne good, but especially advises chloroform, as used by Mr. Brady, of England, who gave it in 10 drop doses, in a little brandy and water, which alone was able immediately to arrest the vomiting. The following is the usual formula in which it is given.

℞	Muc. of Gum Arabic,	ʒij.
	Chloroform,	20 drops,
	Tr. Cardam. Comp,	ʒiv.
	Distilled Water.	ʒvi.

Mix and give one fourth of this every hour. Larger doses may be given, but if too large, will act as a sedative. The amount of blood to be drawn, will of course be much influenced by different cases; often a few leeches, or cups to the epigastrium, are all that is required. In addition to these, use external dry heat and counter irritation. Dr. Wood, in this stage, increases the first prescription, calomel, opium, acetate of lead and kino; also uses a foot bath of hot water stimulated by salt, mustard or cayenne pepper; mustard to abdomen and extremities; give cold drinks, with carb. acid, &c., and use enemata containing 30 drops of tr. opium if medicine is vomited; may use friction upon the skin, with the following compound, ℞ 4 parts mercurial ointment, camphor 2 parts and 1 part of cayenne pepper. Mix and rub well; if ptyalism is induced, good; may also use local bleeding over the stomach.

3d Stage, Collapse.—Dr. Lawson thinks if it is complete, that there is nothing effectual here, except venous injection, or transfusion. Dr. Spencer recommends hot nutritious drinks and dry frictions, or carb. ammonia; enemata of hot salt water, starch and laudanum—keep patient perfectly quiet, avoiding all voluntary exertion. Dr. Wood advises stimulants in small quantities, and oft-repeated; sinapisms to the surface, and frictions of turpentine, pepper, or some strong liniment; drinks of carb. ammo. in water, with soda, weak animal broths salt-

ed, iced brandy and water in small and frequent doses, and enemata of salt water and tr. opii.

We may insert here with advantage, Dr. Trumbull's method of raising the temperature. A very strong extract of capsicum and alcohol, is rubbed over the abdomen, heart, and calves of the legs and kept up until the patient complains of intolerable heat; or boil ℥iv. of capsicum in a pint of olive oil; it will not produce vesication.

4th Stage, Reaction.—If this should occur, withdraw all stimulants gradually; use suitable drinks; obviate local inflammation; may require cups or leeches; but chief reliance is upon fomentations and blisters; correct the regimen, and use the mercurial influence; if typhoid symptoms appear, treat accordingly; may require quinine, ammonia, &c.

Dr. Almy, of Cincinnati, who was located in the western part of New York during the cholera of 1831–2, gave in decided cholera, cal. gr. 3, opii gr i. as a prescription; gave brandy freely, used mustard over the whole surface of the body; the patient was not permitted to move, nor even to assume the semi-erect posture when having stool; the success was good. My brother, Dr. Wm. Judkins of Cincinnati, who had much experience in the treatment of cholera in 1831–2, writes to me that the premonitory symptoms would yield readily to medicine. In decided cholera, his first prescription consisted of colomel 10 grs., and opium i gr., always given in the syrup of white sugar; this was followed, in the course of 15 or 20 minutes, in adults, by a teaspoonful of the following mixture.

℞ Sulph. Ether,
Tr. Camphor, aa ℥i.

Doses of this, alternated with smaller doses of calomel and opium was continued; hot cataplasms of mustard to the abdomen and extremities; stimulating frictions long persevered in; absolute rest, &c. Another thing, which he says was of the greatest importance, was to inspire a feeling of confidence in the patient, in effecting which no effort should be omitted.—When successful, he says, that it was always followed by the happiest result.

Let me refer also to the excellent remarks of Dr. Gavin Milroy upon the treatment of cholera, quoted in the last No. of this Journal.

ART. IX.—*Radical Cure of False Aneurism by Compression.* By JOHN H. MOORE. *Bethel, Ohio. Student in Starling Medical College.*

The following case occurred in the practice of my father, and may be of some interest to the readers of the Journal:

Jas. E. Moore, aet eight years, by means of a sharp pointed butcher knife, punctured the radial artery about a quarter of an inch above the carpo-radial articulation. The hemorrhage was profuse, and flowed *per saltum*. *Treatment*—A pledget of lint was applied to the orifice, over which was placed a piece of coin; two or three folds of roller were then firmly drawn around the limb, so as to compress the lint and coin before alluded to. Another piece of coin was now applied over the former, and the roller carried round as before and made fast at its free extremity. The patient was then kept perfectly at rest for some twelve or fourteen days, when the dressings were removed; and to all appearance there was a permanent and radical cure, the wound having healed by the first intention, and not the least sign of aneurism being perceptible.

Some two or three days after, the patient having exercised freely at husking corn, a pulsating aneurismal tumor about the size of a walnut made its appearance immediately under the integument, in the site of the former injury.

Here, then, was a difficulty that seemed even more grave than the former. The blood in the tumor was pressed back into its natural channels and the same treatment as that in the former instance was had recourse to, viz: that of compresses and bandages. These were retained for eight or nine weeks, at the lapse of which period they were removed, and as in the former instance, the cure appeared permanent and radical.

Sixteen years have now elapsed, and there has been no sign of a return of the disease.

ART. X.—*Adhesion of a Toe after entire Separation.* By L. R. JOHNSON. *Cambridge, Ia. Student in Starling Medical College.*

THE following report of a case of adhesion, after the entire separation of a toe, is perhaps sufficiently interesting to entitle it to a place in your Journal. The recorded instances of similar cases are, I believe, quite rare. Sir Astley Cooper gives but one. The following case, as an additional proof of the *possibility* of such an occurrence, and perhaps in that

light only, may be of some interest to the profession. It is extracted from a letter received a few days since, from Dr. N. Johnson, of Cambridge City, Indiana, who resided at the time referred to, in Belmont county, Ohio.

In May 1836, I was called about three miles in great haste, to see a son of Mrs. Duvall's, who had cut off his toe. Supposing there might be unpleasant hemorrhage, I of course made due haste. When I arrived I found the old lady holding the parts in apposition. The middle toe was cut off somewhat obliquely. She informed me that the boy, who was from ten to twelve years old, had been chopping some forty or sixty rods from the house when the accident occurred. He came, or was conveyed, to the house, leaving the toe behind. A person was sent back for the part, and when it was brought she placed it in apposition and held it so until I arrived. She was anxious to have it stitched on. I at first objected, but she urged, and I concluded to try the experiment. I connected the parts by three stitches, and applied an adhesive strip, I think, over the end of the toe, extending it to the foot; placing another strip around the place of union so as nearly to envelope the toe. Four days after I called to see the patient, and found, contrary to my expectation, some degree of adhesion and warmth of the extremity. I directed them to let me know if anything unpleasant should occur, and left.

I did not see the toe again for perhaps a year or more, when it made quite a respectable appearance.

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*Passage of an Iron Rod through the Head.*

[Some account of the following remarkable case has reached us through the newspapers. We find it reported at length in the Boston Med. and Surg. Journal of Dec. 13, and lay it before our readers. We shall wait with much interest for the final result of the injury.]

To the Editor of the Boston Med. and Surg. Journal:

Dear Sir—Having been interested in the reading of the cases of "Injuries of the Head," reported in your Journal by Professor Shipman, of Cortlandville, N. Y., I am induced to offer you the notes of a very severe, singular, and, so far as the result is taken into account, hitherto unparalleled case, of that class of injuries, which has recently fallen under my own care. The accident happened in this town, upon the line of the Rutland and Burlington Railroad, on the 13th of September last, at 4½ o'clock, P. M. The subject of it is Phineas P. Gage, a foreman, engaged in building the road, 25 years of age, of middle stature, vigorous physical organization, temperate habits, and possessed of considerable energy of character.

It appears from his own account, and that of the bystanders, that he was engaged in charging a hole, preparatory to blasting. He had turned in the powder, and was in the act of tamping it slightly before pouring on the sand. He had struck the powder, and while about to strike it again, turned his head to look after his men (who were working within a few feet of him,) when the tamping iron came in contact with the rock, and the powder exploded, driving the iron against the left side of the face, immediately anterior to the angle of the inferior maxillary bone. Taking a direction upward and backward toward the median line, it penetrated the integuments, the masseter and temporal muscles, passed under the zygomatic arch, and (probably) fracturing the temporal portion of the sphenoid bone, and the floor of the orbit of the left eye, entered the cranium, passing through the anterior left lobe of the cerebrum, and made its exit in the median line, at the junction of the coronal and sagittal sutures, lacerating the longitudinal sinus, fracturing the parietal and frontal bones extensively, breaking up considerable portions of brain, and protruding the globe of the left eye from its socket by nearly one half its diameter. The tamping iron is round, and rendered comparatively smooth by use. It is pointed at the end which entered first, and is three feet seven inches in length, one and a quarter inch in diameter, and weighs 13¼ pounds. I am informed that the patient was thrown upon his back, and gave a few convulsive motions of the extremities, but spoke in a few minutes. His men (with whom he was a great favorite,) took him in their arms and carried him to the road, only a few rods distant, and sat him into an ox cart, in which he rode, sitting erect, full three quarters of a mile, to the hotel of Mr. Joseph Adams, in this village. He got out of the cart

himself, and, with a little assistance, walked up a long flight of stairs, into the hall, where he was dressed.

Being absent, I did not arrive at the scene of the accident until near 6 o'clock, P. M. You will excuse me for remarking here, that the picture presented was, to one unaccustomed to military surgery, truly terrific; but the patient bore his sufferings with the most heroic firmness. He recognized me at once, and said he hoped he was not much hurt. He seemed to be perfectly conscious, but was getting exhausted from the hemorrhage, which was very profuse both externally and internally, the blood finding its way into the stomach, which rejected it as often as every 15 or 20 minutes. Pulse 60, and regular. His person, and the bed on which he was laid, were literally one gore of blood. Assisted by my friend, Dr. Williams, of Proctorsville, who was first called to the pa ient, we proceeded to dress the wounds. From their appearance, the fragments of bone being uplifted and the brain protruding, it was evident that the fracture was occasioned by some force acting from below upward. The scalp was shaven, the coagula removed, together with three small triangular pieces of the cranium; and in searching to ascertain if there were other foreign bodies there, I passed in the index finger its whole length, without the least resistance, in the direction of the wound in the cheek, which received the other finger in like manner. A portion of the anterior superior angle of each parietal bone, and a semi-circular piece of the frontal bone, were fractured, leaving a circular opening of about 3½ inches in diameter. This examination, and the appearance of the iron, which was found some rods distant smeared with brain, together with the testimony of the workmen, and of the patient himself, who was still sufficiently conscious to say that "the iron struck his head and passed through," was considered at the time sufficiently conclusive to show not only the nature of the accident, but the manner in which it occurred.

I have been asked why I did not pass a probe through the entire extent of the wound at the time. I think no surgeon of discretion would have upheld me in the trial of such a foolhardy experiment, in the risk of disturbing lacerated vessels, from which the hemorrhage was near being staunched, and thereby rupturing the attenuated thread by which the sufferer still held to life. You will excuse me for being thus particular, inasmuch as I am aware that the nature of the injury has been seriously questioned by many medical men for whom I entertain a very high respect.

The spiculæ of bone having been taken away, a portion of the brain, which hung by a pedicle, was removed, the larger

pieces of bone replaced, the lacerated scalp was brought together as nearly as possible, and retained by adhesive straps, excepting at the posterior angle, and over this a simple dressing—compress, night-cap, and roller. The wound in the face was left patulous, covered only by a simple dressing. The hands and fore arms were both deeply burned nearly to the elbows, which were dressed, and the patient was left with the head elevated, and the attendants requested to keep him in that position.

10 P. M., same evening.—The dressings are saturated with blood, but the hemorrhage appears to be abating. Has vomited twice only since being dressed. Sensorial powers remain as yet unimpaired. Says he does not wish to see his friends, as he shall be at work in a day or two. Tells where they live, their names, &c. Pulse 65; constant agitation of the lower extremities.

14th, 7 A. M.—Has slept some; appears to be in pain; speaks with difficulty; tumefaction of face considerable, and increasing; pulse 70; knows his friends, and is rational. Asks who is foreman in his pit. Hemorrhage internally continues slightly. Has not vomited since 12, M.

15th, 9, A. M.—Has slept well half the night. Sees objects indistinctly with the left eye, when the lids are separated. Hemorrhage has ceased. Pulse 75.

8, P. M., same day.—Restless and delirious; talks much, but disconnected and incoherent. Pulse 84, and full. Prescribed vin. colchicum, f 3 ss., every six hours, until it purges him. Removed the night-cap.

16th, 8, A. M.—Patient appears more quiet. Pulse 70. Dressed the wounds, which in the head have a fœtid seropurulent discharge, with particles of brain intermingled. No discharge from bowels. Ordered sulph. magnesia, 3 j., repeated every four hours until it operates. Iced water to the head and eye. A fungus appears at the external canthus of the left eye. Says "the left side of his head is banked up."

17th, 8, A. M.—Pulse 84. Purged freely. Rational, and knows his friends. Discharge from the brain profuse, very fœtid and sanious. Wound in face healing.

18th, 9, A. M.—Slept well all night, and lies upon his right side. Pulse 72; tongue red and dry; breath fœtid. Removed the dressings, and passed a probe to the base of the cranium without giving pain. Ordered a cathartic, which operated freely. Cold to the head. Patient says he shall recover. He is delirious, with lucid intervals.

19th, 8, P. M.—Has been very restless during the day; skin hot and dry; tongue red; excessive thirst; delirious, talking incoherently with himself, and directing his men.

20th and 21st.—Has remained much the same.

22d, 8, A. M.—Patient has had a very restless night. Throws his hands and feet about, and tries to get out of bed. Head hot. Says "he shall not live long so." Ordered a cathartic of calomel and rhubarb, to be followed by castor oil, if it does not operate in six hours.

4, P. M., same day.—Purged freely twice, and inclines to sleep.

22d.—Rested well most of the night, and appears stronger and more rational. Pulse 80. Shaved the scalp a second time, and brought the edges of the wound in position, the previous edges having sloughed away. Discharge less in quantity and less fœtid. Loss of vision of left eye.

From this time until the 3d of October, he lay in a semi-comatose state, seldom speaking unless spoken to, and then answering only in monosyllables. During this period, fungi started from the brain, and increased rapidly from the orbit. To these was applied nitrate of silver cryst., and cold to the head generally. The dressings were renewed three times in every twenty-four hours; and in addition to this, laxatives, combined with an occasional dose of calomel, constituted the treatment. The pulse varied from 70 to 96—generally very soft. During this time an abscess formed under the frontalis muscle, which was opened on the 27th, and has been very difficult to heal. Discharged nearly ℥ viij. at the time it was punctured.

October 5th and 6th.—Patient improving. Discharge from the wound and sinus, laudable pus. Calls for his pants, and wishes to get out of bed, though he is unable to raise his head from the pillow.

7th.—Has succeeded in raising himself up, and took one step to his chair, and sat about five minutes.

11th.—Pulse 72. Intellectual faculties brightning. When I asked him how long since he was injured, he replied, "four weeks this afternoon, at 4½ o'clock." Relates the manner in which it occurred, and how he came to the house. He keeps the day of the week and time of day in his mind. Says he knows more than half of those who inquire after him. Does not estimate size or money accurately, though he has memory as perfect as ever. He would not take $1000 for a few pebbles which he took from an ancient river bed where he was at work. The fungus is giving way under the use of the crys. nitrate of silver. During all of this time there has been a discharge of pus into the fauces, a part of which passed into the stomach, the remainder being ejected from the mouth.

20th—Improving. Gets out and into bed with but little assistance. Sits up thirty minutes twice in twenty-four hours. Is very childish; wishes to go home to Lebanon, N. H. The wound in the scalp is healing rapidly.

Nov. 8th.—Improving in every particular, and sits up most of the time during the day. Appetite good, though he is still kept upon a low diet. Pulse 65. Sleeps well, and says he has no pain in the head. Food digests easily, bowels regular, and nutrition is going on well. The sinus under the frontalis muscle has nearly healed. He walks up and down stairs, and about the house, into the piazza, and I am informed this evening that he has been in the street to-day. I leave him for a week, with strict injunctions to avoid excitement and exposure.

15th.—I learn, on inquiry, that Gage has been in the street every day, except Sunday, during my absence. His desire to be out and to go to Lebanon has been uncontrollable by his friends, and he has been making arrangements to that effect. Yesterday he walked half a mile, and purchased some small articles at the store. The atmosphere was cold and damp, the ground wet, and he went without an overcoat, and with thin boots. He got wet feet and a chill. I find him in bed, depressed and very irritable. Hot and dry skin; thirst; tongue coated; pulse 110; lancinating pain in left side of head and face; rigors, and bowels constipated. Ordered cold to the head and face, and a black dose to be repeated in six hours, if it does not operate. He has had spiculæ of bone pass into the fauces, which he expelled from the mouth within a few days.

16th, A. M.—No better. Cathartic has operated freely. Pulse 120; skin hot and dry; thirst and pain remain the same. Has been very restless during the night. Venesection f ʒ xvj. Ordered calomel, grs. x., and ipecac. grs. ij., followed in four hours by castor oil.

8, P. M., same day.—Purged freely; pulse less frequent; pain in head moderated; skin moist. R. Antim. et potassa tart., grs. iij.; syr. simplex, f ʒ vj. Dose, a dessert spoonful every four hours.

17th.—Improving. Expresses himself as "feeling better in every respect;" has no pain in the head.

18th.—Is walking about the house again; says he feels no pain in the head, and appears to be in a way of recovering if he can be controlled.

At this date I shall leave the case at present. The result, and a few remarks of a practical nature, together with the mental manifestations of the patient, I reserve for a future

communication. I think the case presents one fact of great interest to the practical surgeon, and, taken as a whole, is exceedingly interesting to the enlightened and intellectual philosopher. In my effort to be brief, which I fear you will think an utter failure, I have omitted much in my notes that might interest some readers. Allow me to say here, that I have seen a communication in "The Reflector and Watchman," stating that "there is a piece of bone loose in the top of his head, as large as a dollar, which will have to be removed should he live." The fractured portions of bone, excepting those which were removed at the first dressing, have united firmly, and the above remark was made unadvisedly. Should you think these notes of sufficient importance to deserve a place in your Journal, they are at your service.

Yours, very respectfully,

J. M. HARLOW.

Cavendish, Vt., *Nov.* 27, 1848.

Art. II. — *Chloroform in Midwifery.* By Geo. N. Burwell, M. D. *Buffalo, N. Y.*

[In the Nov. No. of the Buffalo Med. Journal, Dr. Burwell relates, circumstantially, the results of the administration of chloroform in fifteen cases of midwifery. We would be glad to republish the whole article, but have room only for the analysis of the cases and remarks at its close.]

On looking over the list of cases for untoward symptoms which the chloroform *may* have had an agency in producing, I find in the *second* case, nausea, some dizziness, and a sense of thoracic oppression; in the *sixth*, one turn of vomiting while under its influence, and headache after coming out from it; and in the *fifteenth* case, the faintness was probably, in part, due to the same cause.

In the *third*, *sixth*, *seventh* and *eighth* cases, there were slight hysterical symptoms, talking, confusion of mind and ideas; in the *third*, *sixth* and *eighth*, the hallucinations were unpleasant, while in the *sixth* they were apparently very agreeeable.

The *eighth* and *thirteenth* cases were the only ones in which I was fully satisfied that the chloroform had a decided influence in shortening the duration of the labor.

In the *fourth*, *sixth* and *eighth* cases, there were such positive expressions of pain, with apparent partial consciousness, that only the repeated declarations of the women could well convince me that they actually felt no pain.

And here let me remark upon the great caution that ought to be exercised in the administration of chloroform in similar cases. Their actions and cries are so indicative of suffering, that we, the physician and assistants, have no doubt that they are partially sensible; and, perhaps, desirous of producing a decided effect, we cause them to inhale the chloroform in freer doses, and for a longer time; and what in the result? possibly, death. If the patient is of such a constitution that a moderate dose produces insensibility, we are satisfied, and do not urge it; but when with equal insensibility, there is an apparent consciousness of suffering, complicated with a semi-delirious condition of the mind, here it is that we might err, and without a proper knowledge of this important fact, and caution in the use of our remedy, we might do irreparable injury. Never, while in the practice of medicine have I felt my responsibility greater than while reflecting upon these cases; and feeling how easy it might have been, to have done harm, if urged by a desire for a decided effect and a brilliant result, (as the safe delivery of a patient without the appearance or expression of pain really appears to be) I had urged the chloroform until complete anæsthesia was produced.

I commenced the use of chloroform, decidedly influenced by the opinion of Prof. Simpson, that it was better and safer to give a full dose, and at once produce a decided effect, than to give it in smaller quantities, repeated as occasion might require; and although my consciousness did not always allow me to reach that point at once, I persevered, in the first few cases, in giving larger and larger doses at every pain, until I had produced that result.

With my present opinions and experience, I should, and have of late, done differently. So far from desiring that a patient should lie in a state, either of entire unconsciousness, or of dreamy insensibility in the intervals of pain, I infinitely prefer that she should be entirely conscious; some how I feel much safer and less nervous about her; I then have no fears of a possible bad result.

I think that the results afforded by the second set of cases, fully demonstrate the proposition with which I commenced their narration, viz: the possibility of exhibiting chloroform to a point short of causing unconsciousness, or in anywise interfering with the full use of all her faculties, or the full play of the voluntary muscles; and yet so benumbing the pain as to make it quite easily to be borne. I would add that we can anticipate this result, not only in occasional cases, but I believe, also, in the large majority of cases.

I would be clearly understood, that in all these cases of the second division, there were expressions of pain or uneasi-

ness with each contraction of the womb; some more and some less; the voluntary muscles were, in all, excited into full action, as has been usual when chloroform has not been exhibited. I depend upon two facts to determine the relief they received; 1st, the contrast apparent to all between their suffering before breathing chloroform, and that while under its influence; 2d, their own declarations of decided relief from its use; and their positive assertions that if it be their destiny to have more children, they would be sure to have it again.

The *fifteenth* case was the least satisfactory, in this respect, of any of the second class; being the only one which did not call for it after having once breathed it, if we happened to be a little dilatory in giving it to them on the recurrence of a pain, or allowed the sponge to get emptied of it.

As to my manner of giving chloroform in obstetrical cases: I do not now speak of surgical or medical cases. I prefer administering it in small or moderate doses. My sponge will hold just one fluid drachm of the chloroform, when filled to saturation; this I call a full dose, and can be in no danger of incautiously giving more. From thirty to forty drops, I call a moderate dose; from fifteen to twenty-five, a small one. From five or six to ten or twelve *free*, *deep*, inspirations from the sponge, wet with a moderate dose, will generally bring a patient sufficiently under its influence to benumb pain, and even to cause momentary insensibility; and if the sponge should be wet at every pain, and the inspirations be likewise free, full anæsthesia cannot fail to be soon brought on. I generally make one wetting of the sponge do for two or three pains. I prevent evaporation by having it loosely stitched to the centre of a piece of oiled silk, of about six inches square, which silk is loosely wrapped around the sponge when taken from the face; and covers lightly the nose, mouth and cheeks of the patient while she is inhaling the chloroform. It ought not at such times to be tightly held over the nose but loosely so as to allow air to enter from under its edges, sufficiently moderately, to dilute the chloroform.

I have a perfect repugnance to administering it by taking a pocket-handkerchief, or a large sponge, and at random, pouring from one to three or four teaspoonfuls on it for the patient to breathe. I once saw a man indirectly destroyed by putting out morphine for him, in powders, without weighing it. What wonder in having a similar result from chloroform, from similar carelessness. Both are remedies of activity and power.

ART. III.—*Internal use of Chloroform.* By HENRY HARTSHORNE, M. D.

WHEN the inhalation of this substance as an anæsthetic began to attract universal attention, we made at the hospital, at Dr. Wood's suggestion, some investigations into its effects when taken internally. Although very sweet, it is so pungent as to require a large proportion of gum water to obtund its effect on the tongue, throat, and even stomach.

Seventy-five drops gave me a sensation of general diminution of consciousness and sensorial capacity. Sight, hearing, and touch were all made less impressive, but no feeling of exhilaration or of derangement occurred. Drowsiness was positive. The pulse was not at all accelerated; in fact, it was two beats less in the minute. The same effects followed in two other medical gentlemen from two or three times the quantity. One swallowed a drachm, or over 200 drops. He became very heavy, and after a short interval went into a sound sleep. The effect passed off on all of us after an hour or two. No one felt exhilarated or deranged as by alcohol, and in none was the pulse increased. The conclusion was positive in all our minds that it is a *direct sedative* to the cerebro-nervous system—a sedative narcotic.

A woman who suffered with a most obstinate and painful neuralgic affection of the side and head, took 75 drops at night. She slept better than she had for weeks, even after inhaling ether or chloroform, as she had repeatedly; and was also unusually comfortable the next day. She then continued to take it, in a somewhat larger dose, for two or three weeks, every night; and improved under this more than under any other treatment.

From the pungency of chloroform I was induced to expect carminative powers. Upon trial in a number of cases of flatulent colic, I found it in the dose of 75 drops, sometimes repeated, to give prompt relief. It was then used as a substitute for Dover's powder as a soporific at night in rheumatism; and there answered admirably. There was but one patient, a woman with cancer of the uterus, to whom it was given as an anodyne, who alleged that it disagreed with her, causing headache and sickness of stomach without sleep or relief.

Believing it to be less constipating and more purely sedative than morphia, I tried the addition of it to cough mixtures in place of the latter. But here the objection presents, that so large a quantity of mucilage is required, as to oppress the stomach; or, if given in alcoholic solution, the stimulus of this

vehicle might be undesirable. Still, as it is very pleasant to the taste, it might be added in small quantity to such mixtures, lessening the usual amount of opium in them.

It might be worth while to try it by enema in strangulated hernia, as a powerful relaxant to the system generally, and at the same time an excitant of peristaltic action. It is our impression that it is somewhat laxative even when taken by the mouth ; but our experiments did not render this certain.—There is no doubt, however, that as a purely sedative narcotic and carminative, having the advantage of a sweet, pleasant taste, it might often be made a serviceable medicine.—*Am. Jour. of Med. Science.*

ART. IV.—*Account of several persons struck by Lightning, and the means adopted to resuscitate them.* BY R. L. WARREN, M. D., *of Florence, Georgia.*

ON the 3d day of September, 1848, in the town of F———, there were five ladies and one negress "*struck with lightning.*" These persons had attended church in the village, and were on their return home in the evening, when there arose a tremendous thunder-cloud which induced them to go into the house of one of the citizens for protection from the rain. The lightning was intensely vivid. These females, from a great fear of "*being struck,*" had scarcely huddled together on a bed in a room, near which stood a very tall oak tree, before it received the electric charge. Accompanying it was an explosion which resulted in completely prostrating the entire crowd.

I was immediately summoned to the spot. I immediately ordered large quantities of cold water to be thrown on their heads and in their faces, and, as soon as it could be procured, the vapour of *ammoniated alcohol* to be applied to the nostrils, which remedies had the happy effect of producing immediate resuscitation. I did not order cold water to be sprinkled on the face, but rather that "*pails-full*" should be thrown on the face and entire person—in short, the *cold douche* was prescribed. It appears that sprinkling had proved ineffectual previous to my arrival, which circumstance induced me to try the remedy in a more wholesale manner. All the patients the next morning were fully recovered from the shock, and were laboring under very little excitement, not more than might have been expected from the contusions produced by the pieces of timber that were shattered off from the walls of the house, and the incised wounds produced from the broken fragments of a large mirror that was suspended against the wall.

(I might have mentioned, that a large dog which laid on a large root of the tree under the house, with a block and chain fastened to him, was killed.) After the patients were resuscitated, tinct. opii. was administered in anodyne doses to allay excitement and irritability. Some of the patients were actually burned by the electric explosion. Whenever the fluid came in contact with a bad conductor, a severely burnt spot was left; for instance, where the clothes were moistened by perspiration, and came in contact with the body, a burnt abrasion was left. One of the young ladies, who had a *gold* locket about her neck, was severely burned on her breast by its being dissolved. The negress had opened the window, and was standing facing the tree, perhaps not more than four feet from it—she was resuscitated with much more difficulty than any of the others; her shoulders, arms, fore-arms, sides, thighs and legs, were very nearly denuded.

All the patients, after reviving, complained of severe pain in the stomach; it was of a spasmodic nature, and was relieved by the anodyne treatment above mentioned.

The tree and the house were very much injured by the electricity.—*Southern Med. and Surg. Journal.*

Art. V.—*Pathology of Dysmenorrhœa.*

In one of Dr. Parker's recent cliniques, at the College of Physicians and Surgeons, a woman presented herself, 28 years of age, of active and industrious habits, but complaining of weakness, and a leucorrhœal discharge from the vagina. Her bowels were costive; head full and sometimes dizzy; pulse nearly natural; tongue slimy; and at each menstrual period, she suffered for twenty-four hours intense pain in the loins, across the lower part of the bowels, and down the thighs. The proper menstrual discharge was scanty. Here, said Dr. Parker, we have what is not unfrequently presented to the practitioner, namely, dysmenorrhœa and leucorrhœa conjoined. The discharge between the menstrual periods is glairy, or thick and ropy, showing that it proceeds from the inner surface of the neck and walls of the uterus; that proceeding from the vagina being generally thin and milky. The dysmenorrhœa in this, as in many, if not most other cases, doubtless depends on a stricture, or narrowing of the passage, through the neck of the uterus at the point called the internal os. It is from want of attention to this stricture, through ignorance of its existence, that so many cases of dysmenorrhœa go on from year to year, in spite of a great variety of treatment, subjecting the patient

not only to intense and protracted suffering, but to barrenness also. The difficulty is a mechanical one, and can generally be no more cured by taking medicine than a stricture of the urethra. The proper remedy consists in dilating the stricture by means of a bougie of suitable size, on precisely the same principle that we remove ordinary strictures from the urethra. If there is much leucorrhœal discharge from the uterus, the cure will be much facilitated by the application of solid Nit. Argent. to the inner surface of the neck. If the discharge proceed from the vagina, however, the Nit. Argent. may be used in the form of a wash, in the proportion of forty grs. to the ounce of water. The doctor stated that quite a large number of cases had came under his observation during the past year, which had been treated in this way with perfect success.–*Annalist.*

Art. VI.—Buckner *on Ovariotomy.*

Dr. P. J. Buckner, of Georgetown, Ohio, has sent us a Report of a case of Ovariotomy in pamphlet form ; the same recently published in the Western Lancet. Its length forbids our publishing it entire, though our readers will obtain a very perfect idea of the case, as we omit nothing but some of the daily details of treatment. It is altogether, considering the magnitude and difficulty of the operation and its result, one of the most remarkable cases on record.—*Ed.*

At the instance of Dr. A. C. Lewis, of Winchester, Adams County, Ohio, I was called to examine Mrs. Lawrence's case, the subject of the following history. She is thirty-two years of age, has black hair and eyes, complexion sallow, temperament bilious, and is the mother of six children. About a year after the birth of her fourth child, which occurred November 4th, 1840, she first noticed a tumor in her left side, low down in the iliac region. This tumor was about the size of a goose-egg, and was slightly movable. In a few months, it seemed to change its position, occupying the right side. It increased in size gradually, and, for the first three years after its discovery, gave but little pain or inconvenience, except when nursing. During lactation, it was sensitive and painful, if the child happened to strike or fall against it.

On the 25th of February, 1843, she was delivered of her fifth child, and *first* after the discovery of the tumor. This labor was unattended by any thing out of the ordinary course of a natural accouchment. After the fifth month of utero-gestation, and as the uterus became distended, she lost sight of the

tumor. After the accouchment, it was evidently diminished in size; indeed, it seemed no larger than when first discovered.

On the 5th of September, 1846, she was delivered of her sixth child. The tumor was not reduced in size, as it was after the last accouchment, but, on the contrary, the abdomen was as full and prominent as at the sixth month of pregnancy. It had at this time, a soft elastic feel as if dropsical. The *hard* tumor could not now be distinctly felt. In about eighteen months, she weaned her child, and shortly after menstruated as regularly as usual. Indeed, during the whole seven years she carried this tumor, except at the periods of lactation, the catamenia were regular as to periodicity, but diminished in quantity. The tumor continued steadily to increase after the birth of her last child, until its weight and pressure upon the surrounding viscera began to disturb her rest, oppress her respiration, and her general health began evidently to decline. Feeling conscious that unless relief could be obtained, she could not survive long, I was consulted, and received the foregoing history of the case.

Symptoms.—Pulse 85, small and rather feeble; skin, dry, hot, and of a sallow hue; tongue coated with a white fur; papillæ long and flaccid, appetite capricious; bowels habitually constipated; urine scanty and high colored, with frequent desire to micturate. The abdomen was as prominent as at the full period of utero-gestation, having a sulcus or fissure running diagonally from the epigastric region to the right iliac, which divided the abdomen into two unequal parts. The left side was more prominent, soft, and elastic than the right. It communicated a sense of fluctuation, on percussion. The right side was hard, firm, and elastic.

Examination per Vaginam.— The vagina is considerably shortened, being only one inch and a half from os externum to os uteri. Os tincæ moist, soft, and dilated sufficiently to admit the introduction of a finger about half an inch. No distinctly marked tumor can be felt in either iliac fossæ, nor above the symphysis pubis; but a resisting elastic tenseness is felt surrounding the cervix uteri. In the hollow of the sacrum, near the promontory, we feel rather an uneven, hard substance, in attempting to elevate which the patient feels some degree of pain. Lining membrane of the vagina, healthy.

Examination per Rectum.—In the left iliac symphysis, in an upward direction, is felt the same irregular hard substance as per vaginam. The same tumor is, also, felt directly in a line with the promontory, and extending to the right iliac symphysis. The pain upon touching is not so great as per vaginam.

Measurements of the Abdomen.—Circumference in a line with the umbilicus, three feet two and a half inches. From xiphoid cartilage to the pubis, 18½ inches. The depression marking the separation of the two tumors, passes from the xiphoid cartilage to the right spinous process of the ilium, four inches and three fourths from the umbilicus.

From the foregoing history and examination of the case, I gave as my opinion, that the disease was ovarian dropsy of the multilocular form. I assured the lady and her friends that the disease was seldom, if ever, amenable to medical treatment—that tapping only offered temporary relief, and was sometimes followed by inflammation, and such constitutional disturbances, as hastened the disease to a fatal termination. I made a frank and candid statement of the magnitude and danger of *extirpation*, giving its statistics, and assuring them, that while it afforded a *chance* for life, it was imminently hazardous and uncertain in its results, from the fact, that it was impossible to tell whether there were adhesions, and if so, to what extent—whether the tumor were malignant or not—whether the pedicle were large or small—and the extent of the inflammation which might follow the operation. I stated that about one half of the operations that had been performed had proved fatal. In view of all the facts presented, and a full knowledge of the dangers and responsibilities of the operation, I informed the lady that if she should desire to have it performed, I would operate.

In a few weeks, I received a letter from Dr. Lewis, informing me that she had determined to submit to extirpation, and desiring me to see her again, and set a day for the operation. I addressed a letter to the doctor, requesting him to attend to the dietetic and constitutional treatment of the case, preparatory to the operation, and when he thought her prepared, to inform me of the fact, and I would then designate a day for the operation. Accordingly, in due time, I was notified of her preparation; and I here take great pleasure in stating that she was most admirably and thoroughly prepared to undergo the terrible ordeal. Her bowels were emptied by a laxative enema on the morning of the operation, followed by an anodyne to quiet their action.

We found the patient cheerful, calm, and self-possessed.—Pulse soft and regular, 80 in a minute; skin moist and of a natural temperature; tongue slightly coated with a white fur. The examination per vaginam and rectum, disclosed about the same state of affairs, as at previous examinations. Her whole deportment exhibited one of the brightest examples of Christian character and fortitude, connected with a just sense

of duty to herself and family, and a firm reliance upon the promises of God, that I have ever been called to witness.

Immediately preceding the operation, I introduced a catheter, and emptied the bladder; and after defining the duties of my assistants, she was placed upon the table. Having previously arranged her dress, putting on a night-gown or loose wrapper, adjusting a table cloth as a child's diaper, elevating her head and shoulders with pillows, her feet resting on two chairs, and properly supported by assistants, I commenced the operation at twenty minutes before 1 o'clock, P. M.

Operation.—The operation was performed on the 14th day of April, 1848, in presence of Drs. Lewis, Baker, Tweed, Shepherd, and Messrs. Park and Winters, students. My principal assistant was my son, Wm. Buckner, jr. I took my position upon the right side of the patient. A bold incision was made with the scalpel, from the umbilicus to the symphysis pubis, in the linea alba, through the skin and cellular tissue, down to the tendon of the abdominal muscles. I then carefully divided the peritoneum, which was found dense and indurated, being firmly adherent to the walls of the sac. This was unavoidably punctured, a canula introduced, and eighteen pints of a dirty, opaque, cream-colored fluid, of the consistence of pus was discharged. With a probe-pointed bistoury, guided by my finger, I divided the sac and peritoneum to the full extent of the external incision, a distance of eight and a half inches. To our astonishment, we found the parietes of the sac firmly united to the abdomen, from one semi-lunar line to the other, and from three inches above the umbilicus to within one inch of the symphysis pubis. We were now only within the walls of an extensive sac, having a rough granular surface of pink color. In looking into this huge cyst and up under the diaphragm, it presented the appearance of an eviscerated abdomen. Finding such dense and extensive adhesions, it became a grave and serious question as to the propriety of proceeding with the operation. Feeling confident that our patient would have as little chance of recovery, if abandoned to nature at this stage of the operation, as to break up the adhesions, remove the entire diseased mass, and trust to combating the symptoms which might follow, we determined to proceed. I now lifted a fold of the posterior wall of the cyst, between my thumb and finger, and finding it glide smoothly upon the viscera beneath, was assured there were no adhesions to the bowels at this point. I therefore drew it out at the wound, and divided it with a sharp pointed bistoury, so as to enable my hand to pass posterior to the cyst, and thus reach its lateral adhesions. Here were many bands of organ-

ized lymph connecting the cyst and peritoneum, which were severed by the knife, until I reached the semi-lunar line of the left side. From this point the adhesions were dense, firm, and continuous with the margin of the external wound, and had to be literally peeled from the peritoneum by force.—Dissection was out of the question, it being impossible to distinguish the line of adhesion, so as to enable us to know whether we were cutting the sac or peritoneum. The lady's own description is truly graphic, and forcibly illustrative. She says "the act of separating the sac from the walls of the belly, reminded her of tearing the leaf-lard from pork." The *left* side being now free from its attachments, the walls of the abdomen collapsed upon the viscera, leaving the *right* side as full and prominent as before we commenced the operation.

Here we found two other cysts, containing a similar fluid, filling the entire right side, from the ensiform cartilage to the iliac fossa, and dipping deep into the pelvis. It would, perhaps, convey a more correct idea of the nature of the tumor, to say, it was one vast cyst, divided into three chambers. The largest occupying the left side, the two smaller the right. This huge mass I attempted to dislodge, by making pressure externally, but found it firm and immovable—showing that there were extensive adhesions in addition to those already named. (From the semi-lunar line to the linea alba.)

It was deemed best to puncture the larger of the two remaining cysts, and draw off its contents. We thus removed six pints more of fluid, similar in appearance to the first. This produced relaxation, and a partial collapse of the right side of the abdomen, which afforded us an opportunity to explore the full extent of the remaining adhesions. We now found the superior surface of the cyst adherent to the omentum, from the umbilical to the right hypochondriac region, where it was also firmly adherent to the walls of the abdomen, embracing a portion of the omentum, as an intervening substance or medium of adhesion. This was the most firm and difficult point to overcome in the operation. In breaking the adhesions here, the omentum was lacerated and bled so freely as to require a ligature. All that portion of its lacerated free edge, liable to slough, was removed. To proceed with the operation with more facility, and less pain to the patient, we extended the external incision two and a half inches above the umbilicus, passing it on the left side, and returning again, as soon as possible to the linea alba—making the entire wound about eleven inches.

After dividing several bands of organized lymph, we arrived at the right semi-lunar line, from which point the adhe-

sions, as on the opposite side, had to be *peeled* from the peritoneum, requiring no inconsiderable force. This accomplished, the right iliac and pelvic regions were brought fairly in view, where we found the *pedicle* arising from the broad ligament, embracing the Fallopian tube and ovary. It was about two inches in diameter, and highly vascular—the vessels being full and tortuous. I now passed a needle, armed with a double ligature, through its centre, and tied each half firmly, in separate ligatures, and divided the pedicle between the ligatures and tumor. In attempting to lift it from its bed, we found still another point of adhesion, to the anterior face of the fundus of the uterus itself. In separating this adhesion, a spot of an inch in diameter, of a dark livid, and rather ecchymosed appearance was left upon the uterus. All being now free, the entire mass was removed; the walls and cavity of the abdomen and pelvis carefully sponged with a succession of fine sponges, and every thing like coagula and extraneous matter removed. The edges of the wound were approximated and secured by five interrupted sutures—the intervening spaces supported with adhesive strips. Lint, compresses, and a broad bandage, with perineal straps to prevent its being displaced, completed the dressing; and our patient was placed in bed.

She did not lose four ounces of blood during the operation; and not a single untoward symptom occurred, except an effort to vomit, just as the dressing was completed. She bore the operation with the most heroic fortitude, scarcely ever uttering a cry or complaint. Her pulse maintained its integrity through the whole operation, which lasted nearly an hour and a quarter. A considerable portion of this, however, was occupied in emptying the cysts through *small canula*, and separating the extensive adhesions. The tumor, with its fluid contents, weighed *twenty-eight and a half pounds*; the solid substance, without the fluid, four and a half pounds.

[Daily notes of the condition of the patient, and the treatment pursued, are recorded from the 14th of April till the 1st of June. A few of these we insert.]

April 15th, 7 o'clock, A. M.—Found our patient very restless; pulse 140, small; skin natural temperature; tongue covered with a white fur; feet cold; pain in the left iliac region; some tenderness over the abdomen upon pressure; moans continually—says "she must die." Passed urine three times within the last ten hours—very thirsty. Turned her upon her left side, gave 25 gtts. tinc. opii, in hopes that it will quiet her—applied warmth to the extremities.

9 o'clock, A. M.—Rests rather better since turning; feels drowsy; pulse 130, with more volume.

10 o'clock, A. M.—Pulse 125. More composed and comfortable.

16th, 2 o'clock, A. M.—Pulse 118, soft and compressible—says she feels much better.

18th, 7 o'clock, A. M.—Cloudy and cold, wind N. W.—commenced raining, and towards evening the snow fell rapidly for one hour. At 5 o'clock, P. M., I was sent for in haste, the patient being alarmed from a sudden discharge from the wound, supposed to be hemorrhage. I found a discharge of sanguineo-serous fluid had taken place from the lower portion of the wound, at the point the ligatures came out. Pulse 110—skin natural. Had three evacuations from bowels to-day, with some tenesmus; complains of aching pain in the back and lower part of abdomen; but little tenderness upon pressure. Urine still passes freely without the aid of instrument. Ordered an enema of starch and tinct. opii, which quieted the bowels, and procured a good night's rest.

On Wednesday, the 19th, Dr. Buckner visited the patient, and made the following record:

"5 o'clock, P. M.—I visited our patient for the first time since the operation. Dressed the wound, most of which is healing kindly by the first intention, discharged about 3 oz. of sanguineo-serous fluid, with very little fœtor. Has had two alvine evacuations since morning, with some griping pain. Gave her an enema of starch and tinct. opii; pulse 110, quite soft and regular; temperature of skin natural; thirst much abated; gave a few spoonsful of toast tea; slept soundly from 7 to half past 10 o'clock; gave toast water again. Passed about 6 oz. straw-colored urine at 11 o'clock—shortly after fell asleep, and rested well until 3 o'clock, A. M., of the 20th. During the sudden change of weather, she became somewhat hoarse, and was inclined to cough occasionally through the night. 20th, 6 o'clock, A. M.—Passed about 8 oz. of urine, after which slept sweetly; begins to crave a more generous diet, and particularly desires whey of buttermilk, two or three spoonfuls of which were allowed her this morning. 9 o'clock—Dressed the wound; about 1 oz. of purulent matter discharged; no swelling of abdomen, and but little tenderness; cut out three of the stitches at this dressing; made slight traction upon the ligatures of the pedicle, which caused a 'sickening pain in the bottom of the belly;' pain subsided in a few minutes; pulse 100, soft and compressible; countenance pallid; skin moist."

20th, 6 o'clock, P. M.—Pulse 100; symptoms all favorable; had one alvine discharge since last visit—very natural.

21st, 8 o'clock, A. M.—Pulse 100, soft. Rested very well during the night. Dressed the wound; found a free discharge of healthy pus from the lower portion. No tenderness over the abdomen, except upon firm pressure. Troubled with flatus; introduced a gum elastic tube a few inches in the rectum, which caused a great discharge of wind.

8 o'clock, P. M.—Pulse 110, small and tremulous; laboring under a severe diarrhœa; discharges of a mucous and bloody character, attended with pain.

℞	Morphine,	gr. 1-6
	Calomel,	grs. ij.
	Acet. Lead,	gr. ½.

To be given every two hours until she is relieved.

May 19th.—I took the last ligature from the pedicle this morning.

June 1st.—Our patient is walking about the yard, her health and strength daily improving.

Dr. Buckner promises a report of another operation performed by him in June last. The tumor was of a fibrous character, and weighed four and a half pounds. The patient died on the fifth day after the operation, from intense peritoneal inflammation.

ART. VII.—*The Cholera at the Quarantine in New York City.*

No little apprehension has been felt by our citizens, during the last few weeks, on account of the appearance of the Asiatic Cholera at the Quarrantine. It appears that the disease first made its appearance on board the American packet ship New York, when she was near Cape Sable, on the American coast. The ship had left Havre with 354 steerage passengers on board. There was no cholera in that port at the time the ship left, and no sickness among the crew until the time mentioned above, which was sixteen or seventeen days after leaving Havre. The day the disease first appeared on the ship, the barometer had fallen several degrees, and the weather become much warmer. When the ship reached this port, she had on board eight or ten cases, and several had already died. The sick were removed to the quarantine hospital, and the rest of the crew to the storage houses belonging thereto. New cases continued to occur daily among the pas-

sengers, up to Friday, the 9th inst., since which no new cases have occurred.

The whole number of cases reported is forty, of whom eighteen have did. The disease has been confined almost entirely to the steerage passengers of the ship mentioned—only four or five cases having occurred among the hundreds of other inmates of the hospital and quarantine buildings. And what is singular, all the cases occurring among the passengers, have been those from Paris, where no cholera existed when they left; while the German passengers, direct from cholera districts have been entirely exempt. This certainly settles the question of contagion so far as these cases are concerned. While we are writing, we learn that one case of cholera occurred yesterday morning (Monday, 11th inst.,) in a German boarding house, at 136 Greenwich street. He was a German of the lowest order, and in his room were "*eight beds, and filth and stench enough to produce disease at any time.*" He was treated under the direction of Dr. Geer, Resident Physician of the city, and Dr. Reese. He was promptly bled, took 20 grs. of calomel hourly, and was covered with mustard plasters, cayenne pepper, and bottles of hot water; and last evening he was reported convalescent. The City Inspector has declared his intention to visit, and cause to be cleansed without delay, every emigrant boarding house in the city; and the sooner he does it the better. In regard to the duties of both citizens and city authorities, we fully agree with the following report, viz:

THE REPORT OF THE MEDICAL COMMITTEE.

At a meeting of the special committee of the Board of Health, held this day, at the Mayor's office, the following report from the medical advisers of the committee, prepared in accordance with the resolution adopted by the special committee, at a previous meeting, was made, which, on motion, was accepted, adopted, and ordered to be published in the city papers.

W. F. HAVEMEYER, *Mayor.*
NEIL GRAY,
MORRIS FRANKLIN.

MAYOR'S OFFICE, Dec. 8, 1848.

The undersigned, having been appointed by the Sanatory Committee of the Board of Heath to prepare a communication to the public, in relation to the epidemic cholera with which this city is at present threatened, respectfully report that, as yet the disease is entirely limited to the quarantine,

and the hope is cherished that under the protection of a kind Providence, this city may be preserved from its ravages. It is evident, however, that the cause of the disease is hovering in the atmosphere about us, and it therefore becomes a duty to adopt in season all such precautionary measures as may tend, if possible, to mitigate its evils, should it unfortunately assail us. Under this impression they beg leave to make the following suggestions:—

As the whole history of the cholera shows that its diffusion is promoted by all those causes which have a tendency to render the air impure, the first and most important concern relates to the cleanliness of the city. To accomplish this, the undersigned are satisfied that the Board of Health have taken such measures, and will continue to do do, as they trust will be efficient. The Board of Health, however, it is evident, cannot do everything, and the committee would respectfully call upon their fellow citizens to co-operate with them in every possible way in their power. Sources of filth and impurity may exist without the knowledge of the public authorities, and every citizen should feel the necessity of keeping a watchful supervision over his own premises, and when individual efforts are inadequate, to call upon the Board for aid and assistance.

Believing that much may be done in the way of prevention, if not cure, of the disease, in case it should unfortunately attack us, the undersigned would offer a few suggestions of a general nature, founded on experience, leaving the application of them to the good sense and discretion of the community at large.

In the first place, they would advise particular attention to clothing. From the nature of the complaint, it is evident that much depends upon keeping the body warm, and protecting it from sudden exposures to cold and moisture. Flannel next the skin should be a universal article of apparel, and they would respectfully suggest to those charitable associations which are in the habit of supplying the poor with clothing to make this an object of special attention. At this season of the year, too, the supply of fuel to the poor should be liberal.

In the second place, the diet should be particularly attended to. The undersigned would not advise any sudden or great changes in the ordinary modes of living, where these modes are temperate and have been found to agree. Such changes, they believe would do more harm than good. From the peculiar nature of the disease, however, it is well known that certain kinds of food are injurious, and, without going into particulars, they will merely state that all such articles as have a

tendency to relax the bowels ought to be avoided. All crude and raw vegetables, as well as violent purgative medicines, are calculated to do mischief. Excesses either in eating or drinking, canot be too religiously abstained from.

In the third place, attention to personal cleanliness, by the frequent use of the tepid bath, is particularly recommended.

In the fourth place, the preservation of a calm and composed state of mind is all important, and may do more than is generally supposed in preventing the onset of this disease. It is the result of experience that all epidemics are aggravated more or less by mental disturbance, whether in the shape of active panic or low despondency. To the cholera this is particularly applicable. While our citizens therefore, use every prudential and precautionary measure, let them keep up a good heart and dispel all fear.

In the fifth place, with regard to the treatment of cholera, it may be observed that, as a general rule, the disease does not attack so suddenly as to preclude the possibility of calling in timely medical assistance. A relaxed state of the bowels for a longer or shorter period, gives notice of its approach. In all cases, therefore, when any disorder of this kind exists, common prudence will suggest the necessity of resorting to medical aid. If this be done in season the disease may generally be promptly arrested. When professional aid cannot be immediately obtained, and where simple relaxation of the bowels exists, 15 or 20 drops of laudanum may be taken; to be repeated in one or two hours, according to circumstances. for young persons and children the dose must be reduced according to the age—at the age, say of ten years, 5 drops; at the age of two or three years, 2 or three drops.

Where the symptoms are more sevcre and the patient is cold, in addition to the laudanum, he should be put immediately to bed between blankets, and every appliance in the shape of bottles of hot water, bags of hot salt or sand, frictions, &c., be diligently resorted to. A strong mustard poultice, too, should be applied over the region of the stomach, to remain on until it produces smarting of the skin. In addition to this, a little brandy and water should be given, with the view of restoring warmth. As in this city no difficulty in obtaining the speedy assistance of a physician can exist, any directions in relation to the after treatment are deemed unnecessary.

JOHN B. BECK, M. D., *Chairman.*
RICHARD L. MORRIS, M. D.
JOSEPH M. SMITH, M. D.

New York, Dec. 8, 1848. [*Annalist.*

PART THIRD.

FOREIGN INTELLIGENCE.

PRACTICAL MEDICINE, &c.

1.—THE CHOLERA AT ST. PETERSBURG.—*From an official circular of Public Documents and information, directed by the British Board of Health. To be printed chiefly for the use of Union Medical Officers, Members of Local Boards, and others charged with the execution of the provisions and regulations issued under the authority of the public health act, and the nuisance removal act*, 1848.

The climate of St. Petersburg, especially in Spring and Summer, is damp and relaxing, and the inhabitants are very subject to typhus fever, diarrhœa, dysentery, and scorbutis. The damp and relaxing state of the atmosphere was complained of as being more oppressive this year than usual. On removing to the nearest high grounds one felt immediately relieved from a sensation of great weight and languor, which returned on going back to the city. A regiment of the guards having been brought from the camp on the high grounds to do duty in the city, was severely attacked with cholera, while persons complaining of indisposition, on being sent to the country, soon recovered by the mere change of air.

It will appear evident, from what has been stated, that St. Petersburg was predisposed, by the peculiarities of its topography and climate, to suffer severely from such a disease as the cholera. This predisposition was still further increased by the habits and prejudices of the people.—The month of June, when the disease appeared, is the period of one of their long religious feasts of three week's duration. The people abstain all this time from the use of animal food of every kind, including milk, eggs and butter. The diet consists chiefly of vegetables and fruits, such as cabbages, cucumbers, and other varieties of the pumpkin tribe, dried mushrooms, salads, &c., which are often eaten raw, and dressed with bad oil and vinegar. Their ordinary drink is a sour kind of beer, made of rye meal and malt fermented, called *quass*. They are greatly addicted, also, to the use of ardent spirits. This diet, besides being very lowering for laboring people, is of a nature to create a tendency to bowel complaints. Although the Archbishop allowed the people to dispense with the fast, and the Emperor ordered meat for the soldiers, such was the strong attachment of the lower classes to their accustomed rites, that they generally continued the observance of the fast; and it was often found difficult to persuade them to take even a little broth, although the saving of their lives seemed to depend on their being sustained by suitable nourishment. The people were also very fearful and suspicious of the use of medicine unknown to them, and consequently averse to apply for medical advice, and especially to enter the hospitals.

Sanitary Regulations adopted at St. Petersburg.—Nothing could be more wisely devised and ably executed than the sanitary preparations made for the relief of the people by the Board of Health, under the direction of the government. The city was divided into districts, and ample hospital accommodation was provided by appropriating the great-

er part of the existing hospitals for cholera patients, and erecting, where necessary, large temporary hospitals. In all these the best arrangements were made for supplying promptly, baths and other means for applying heat to the body, and an adequate number of medical men were appointed to attend them. There were also medical inspectors allotted to each district, who were to visit the people in their houses as soon as a case of the disease was reported, and attend on those who would not be removed to the hospital. A list of the names and addresses of the medical inspectors was left at the police station of each district, in order that, by enquiring here, the people might obtain prompt assistance at any time, night or day. Very good instructions were printed and widely circulated among the inhabitants, containing all the precautions to be observed as regards diet, clothing, &c., and recommending especially that they should carefully attend to the least appearance of diarrhœa or any other derangement of the digestive organs, as the surest way of warding off the more dangerous forms of the disease. This important caution was recommended in the following terms: "It has been remarked that just before the appearance of cholera in a district, the inhabitants are troubled more than usually by diarrhœa and other complaints, trifling under ordinary circumstances, but which, in the presence of the epidemic, are apt to be neglected, to degenerate into real cholera cases.

Causes of the Cholera, and mode of Propagation.—With reference to the much disputed question, whether the Asiatic cholera is infectious or not, I think on an impartial consideration of the circumstances by which its irregular, capricious and rapid progress over large regions of the globe have been attended, that it is difficult to draw any other conclusion, than that the disease originates from some latent influence of the atmosphere on the functions of animal life. The peculiarities in the condition of the atmosphere which exert this influence have heretofore escaped detection; but they are probably of a similar nature to those by which blights are produced in the vegetable kingdom. That it is to an epidemic propagated by atmospheric causes, and not by infection, seems now to be generally admitted. This is the opinion of the members of the medical profession in Russia, so that all attempts to check its progress by quarantine regulations have been given up, more especially since, in 1831, they were found perfectly unavailing A quarantine of ten days was recently imposed by Sweden, on the appearance of the cholera at St. Petersburg; but the disease has, notwithstanding, broken out in that country, showing how utterly useless are all such measures. One of the circumstances which strongly favor the opinion that the disease spreads by infection was the fact of its following the course of rivers on which there was much traffic; but I have shown that this circumstance can be satisfactorily accounted for by other causes besides infection.

Appearance and course of Cholera, in St. Petersburg.—The first intimation of the cholera approaching towards St. Petersburg was the occurrence of some cases on the banks of the Lake Ladogo and the Neva, which itsues from it, and on which a large number of the barges bringing merchandize from the interior for exportation descend to St. Petersburg in the beginning of June. One solitary case had occurred about six weeks previous in one of the military hospitals; the man died in twelve hours, and both the symptoms during life and morbid appearances after death were decidedly those of Asiatic cholera. The number of cases in the first week was small, but nearly all died. Among these were two men-servants of the Prince of Oldenburg, who were attacked after eating a supper of cucumbers and salad. Both died; one of them

in about fifteen hours, the other in about four days. The disease increased rapidly the second week, appearing in every quarter of the city chiefly among the poor, but attacking some also belonging to the better classes, both natives and foreigners. It continued on the increase until the fifth week, when it seemed to have reached its acme, and began to decline both in the number and severity of the cases; and according to the public accounts last received, it has continued steadily on the decrease.

Symptoms of the Disease.—The disease assumed two distinct forms or stages, one of which was generally characterized by an increased action of the nervous, and sometimes of the vascular system, together with great derangement of the digestive organs; the other by a prostration of the nervous and circulating functions, and a greater or less rapid sinking of the vital forces. In a certain proportion of cases the disease passed through both these stages, presenting many varieties, according to the combination and predominance of the symptoms, either of excitement or prostration. In others, the period of excitement was altogether wanting, and that of prostration characterized the whole course of the disease. The morbid principle which acts as the proximate cause of the disease excited thus, in some cases, an imperfect reaction, followed by prostration; whilst in others it seemed so completely to depress and paralyze the powers of life, that the patient sunk without any effort whatever of the constitution at reaction.

It has been already stated that the first attack was almost invariably preceded for one or several days by some slight derangement of the digestive functions. The stage of excitement was usually ushered in by shivering, giddiness, and great faintness; face dusky and sunken, nausea, painful cramps in the stomach, bowels and extremities; some vomiting; heat in the epigastrium and oppression of the chest. This state was succeeded by some degree of reaction, with increased and severe vomiting, and very copious evacuations from the stomach and bowels, of a thin fluid resembling rice water; these evacuations were completely wanting, both in biliary and fæcal matter, as well as free from any offensive smell. The paroxysms of spasms in the extremities and bowels became very severe, were attended with great restlessness and faintness, and the countenance was expressive of intense anguish. The pulse was frequent, hard, and small; the heat of the skin sometimes febrile, but more frequently not above the natural standard, or only partially increased; the tongue furred, generally moist and red, and the thirst intense. These symptoms, which were usually observed in persons of robust constitution, after lasting from about six to twenty-four hours, were succeeded by the period of prostration or cold stage.

In the stage of prostration there was a great and rapid sinking of the general strength and depression of all the functions of organic life, those of the brain alone being only partially impaired, and the intellect remaining clear, though weakened. Thus the whole surface of the body became as cold as marble, and covered sometimes with a clammy moisture; the pulse extremely feeble and often imperceptible; the face sunk and the features contracted to (sometimes) nearly half their natural size; the eyes sunk deep in their sockets, and surrounded by a dark circle, and the pupils generally dilated; the cheeks, hands, feet and nails assume a leaden blue or purplish color, and likewise, though in a less degree, the entire surface of the skin, whose functions seemed completely paralyzed.

One remarkable phenomenon was the sudden collapse of the soft parts of the body, the effect necessarily of all the vessels being nearly

emptied of their fluids, and of the rapid absorption of the adipose substance, so that patients were reduced, sometimes in twenty-four hours, perhaps one-third or more of their previous size. The skin of the hands and feet were shrivelled up, the violence of the cramps usually diminished, though not always, and they were limited to the hands and feet, which often remained contracted after death. The vomiting and diarrhœa were also less urgent; the tongue was moist, flabby and cold; the respiration hurried, or else slow, and much oppressed, with frequent deep sighing; the breath cold, the voice plaintive and reduced almost to a whisper. There was great heat, oppression, and anguish in the epigastrium and about the heart, to which regions all the suffering was referred; considerable restlessness, thirst intense, urine so very scanty as to be nearly suppressed. Patients in this state of sinking expired sometimes suddenly, without a struggle, and almost while in the act of speaking, preserving entire possession of their mind to the last, and the pulse having also ceased to beat many hours before death.

The duration and severity of these two stages of the disease varied greatly according to the age, strength, and previous state of health of individuals. In the largest proportion of cases, and especially in the old, in those whose constitutions were impaired by bad food or previous disease, in habitual drunkards, and delicate children, the symptoms of excitement were only slight, and often altogether wanting.

The disease in a few cases set in suddenly, with great prostration, terminating in death, without any reaction, in the course of six or eight hours. This was its most malignant and appalling form, well designated by the French, *Cholera foudroyant*. There was sometimes very little vomiting and diarrhœa in such cases, the prominent feature being prostration and cramp.

When reaction took place, either spontaneously or by the aid of remedies, this did not always terminate in restoration to health; but the cholera was often succeeded by various cases of *secondary* disease; the most frequent of these was typhus fever, between the congestive state of which, and the force of the morbid derangements of cholera, there is considerable analogy.

Gastric fever and dysentery were, also, not of unusual occurrence; and there were some cases of sub-acute pneumonia.

Several fell victims to the cholera in St. Petersburg, in consequence of having transgressed the rules of diet essential during such a season.—An elderly lady, having eaten salad at supper, was taken ill the next morning, and died of the cholera in eighteen hours. Gen. Chambeau, private secretary to the Empress, a gentleman advanced in life, having caught a chill by incautious exposure to a cold wind on board a steamer, was seized with a diarrhœa and symptoms of sinking the same evening, and died in about eighteen hours. A lady in high station setting at defiance the cautions against fruit, indulged freely her wish for strawberries; she was suddenly taken very ill of the cholera, and her life was in the greatest danger, though hopes were entertained for her recovery when I left St. Petersburg. I frequently heard of persons being attacked, and losing their lives after committing some imprudence in diet. It is important to remember that many things which agree with a person in ordinary times, may disagree during the prevalence of such a disease as the cholera, in consequence of the increased susceptibility of the bowels. The disease was brought on in others by fear; the son of a respectable bookseller returned from college to his family in good health for the vacation in June; he became so panic-struck on the breaking out of the

cholera, that he could not be prevailed on to go out of the house, and objected even to the windows being opened, for fear of letting in the contaminated air. After some time he was suddenly seized with the disease in its most malignant form, and died in about twelve hours.—*N. Y. Annalist.*

2.—*Cold Douches in the Treatment of Intermittent Fever.*

M. Fleury has presented a memoir to the French Academy of Sciences, on the use of cold douches in ague.

He was led to these researches by the assertion of Dr. Currie, that the accessions of ague might be prevented by the affusion of cold water, and that by its repetition four or five times, the disease might be entirely cured. M. Fleury has employed this means one or two hours before the expected paroxysm, in the form of a general douche, and in that of a local one to the region of the spleen.

The ends attained by the above plan he believes to be—1, A shock exerted on the nervous system, and on the general capillary circulation. 2. The opposing of a vigorous reaction and general stimulation of the surface to the cold stage of the fever. 3. A modification of the circulation of the spleen, combating congestion of that organ.

He has pursued this treatment in eleven cases of intermittent fever. In seven of them the disease was recent, and there had been but from three to seventeen paroxysms; quinine had not been administered in any one. In two cases, the spleen preserved its normal size; in five, it was enlarged: a cure was effected in all. In one, a single douche sufficed to cut short the fever. In two others, two effusions were necessary to do so, and to restore to the spleen its natural dimensions. In the remaining four, effusion was practised three times.

In those patients where two or three douches were used, the effects produced were constantly the same. By the first application, the accession was retarded two or three hours; the rigors less violent, and shorter by one-half or five-sixths the time; the heat and headache were equally lessened; and the total duration of the fit was diminished by at least one-half. Age and the type of the fever did not exercise any appreciable influence over the effects of the treatment. Where, however, the volume of the spleen was larger, the time required for the cure was augmented. Four patients had suffered from the disease for from two to eleven months, having had several relapses, and resisted the action of sulphate of quinine, and presented the anæmia, emaciation, anorexia, &c., seen in those who have been long affected by ague. Three douches were required in two of these cases, and five in one other, to remove the fever; but from eight to eleven were necessary to cause the splenic engorgement and the cachectic symptoms to disappear. In one case the liver was very greatly enlarged; but this condition disappeared by perseverance with the effusions.

M. Fleury arrives at the following conclusions:—1. In the treatment of recent intermittent fever, simple, and with little or no engorgement of the spleen, cold douches may be substituted for quinine. 2. In the treatment of old-standing ague, where several relapses have occurred, and there is considerable enlargement of the spleen, or of the liver, with

a cachectic condition, cold affusions are to be preferred to quinine; for they cut short the fever, restore the viscera to their natural volume, and remove the cachexy more rapidly and more safely than quinine; the latter, in large doses, not unfrequently acting injuriously upon the nervous system, or on the digestive organs.—*Bulletin des Academ., and Lancet. Ranking.*

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3. *Pathology of Intermittent Diseases.*

Dr. Amand Beaupoil has just published, in the *Gazette Medicale*, an extremely interesting paper, wherein is treated the disputed question of the localization of intermittent fever. It would give us pleasure to analyze this dissertation fully, for it is worthy of notice; but we are obliged, for want of space, to confine ourselves to the conclusions:—1. The seat of the intermittent phenomena cannot be placed in any organ, or system of organs, to the exclusion of others. 2. The intermittent may become connected with any other affection, and form with it a sort of unity or special morbid entity: the disulphate of quinine is a specific for this compound intermittence, as well as for simple ague. 3. Intermittence is often combined with an organic affection, in the manner of complication; it behoves us then, to administer the specific remedy simultaneously with the means indicated by the organic lesion. The treatment ought, in fact, to be double. 4. When the intermittence is independent of any organo-pathological modification, it seems to affect the sensitive portion of the nervous system especially; there appears to be an exaggeration of the physiological rhythm of organic contraction and expansion, and this state produces an alteration in the amount and variations of animal heat, and constitutes intermittent fever. 5. It will, then, be seen that ague may be simple, compound, or complicated. 6. The intermittent phenomena may be attributed to the effect of miasmata on the economy; the noxious emanations being modified by periodic alternations of heat and cold, of dryness and humidity, of light and darkness, of sleep and waking, and of all influences which act in the same way. 7. The nervous element evidently plays an important part in the production of intermittence, brought on by the causes just mentioned; it seems, indeed, that the influence of this nervous element is altogether indispensable. 8. Enlargement of the spleen is the *effect*, and not the *cause*, of intermittent fever; it is an indication for large doses of quinine.—*Lancet.*

SURGERY.

4.—*How to prevent Bedsores.*—By Dr. Purefoy.

The following ingenious method of preventing those dreadful specimens of disease or neglect sometimes presented in even our best-regulated institutions, is suggested by Dr. Purefoy, in a former number of the Dublin Medical Press. The doctor may be allowed to describe his practice in his own words:—

"Having lately to treat a case of compound fracture of the tibia in an old man, the leg was comfortably placed upon the double inclined plane, and the case went on very favorably for some days, when it was thought that the leg must be placed upon the side, in order to relieve intolerable pain of the heel, and to obviate sloughing of the integuments. In this dilemma, it occurred to me to try to support the heel upon a bladder partially inflated, since pads failed completely in affording the desired relief. An ox bladder, previously moistened in tepid water, and afterwards oiled, was placed under the heel in a flaccid state, and subsequently filled gently with air, so as to give the heel the necessary elevation, and promote, as far as might be, the comfort of the patient. The experiment was successful beyond my most sanguine hope, as the air flowed underneath and upwards by the sides of the foot and ankle, thus affording an unusually agreeable and secure support to the foot and instep, at the same time relieving the heel from undue pressure: the old man exclaimed in a rapture, 'O, sir, I'm in heaven;' suffice it to say, that by renewing the bladder once only, the cure was perfected so far at the end of a month that the patient could leave his bed, and during this time he was completely relieved from the intolerable pain which at first was so very troublesome. I have lately prevented the occurrence of bed-sores, by the aid of a bladder placed under the buttock, and rolled up in a soft napkin, having previously been partially filled with air, although the patient had been for nearly two months lying upon his back, suffering under extensive gangrene, as the result of extravasation of urine."

Lancet.

5.—*On Distortions of the Spine.*—By Bransby Cooper, Esq.

[When these distortions arise from softening of the bones, Mr. Cooper repudiates the use of all such mechanical means as prevent the patient from taking gentle exercise in the open air. He says.]

The disease is a constitutional defect in healthy nutrition, and can be remedied only by the improvement of the general health, although it is true the application of simple mechanical means may aid this object so long as it does not interfere with the natural and vital functions of life. Use common sense, therefore, and bear in mind however the preponderance of physical disturbance to the natural functions of the spine may attract your attention, this state is only a result of a general constitutional deterioration, and that without the improvement of health no good can be effected. The remedies must (to be useful) be directed to the removal of the cause of the disease, and not to the effects. You should do all you can to strengthen the assimilative powers; and as there is every reason to believe that the nutrition of bone is most at fault, means should be adopted, as far as diet and medicine can avail, to remedy the evil.

Such diet, for instance, should be enjoined as contains most phosphate of lime; beef and mutton, and what is termed secondary bread, are therefore advisable: and phosphoric acid should at the same time be prescribed for the purpose of its union with the lime, rendering it capable of being more easily absorbed. Bottled porter will also assist in improving the constitutional powers of the patient; and care should be taken that

the bowels are not relaxed so as to carry off the lime too quickly, instead of leaving it to be taken up by the absorbents of the intestinal canal.—The physical treatment indicated is to support the weight of the trunk by the most simple mechanical means competent to relieve the affected bones; and such muscles should be put into gentle action as have a tendency to counteract the unnatural direction the bones may have acquired from the influence of the existing abnormal causes, viz., the undue disposition of the weight and altered muscular action.

Patients laboring under this affection should be frequently in the open air, and they should be permitted to take gentle exercise, but they must avoid most cautiously the slightest fatigue either of body or mind; riding in an open carriage, or sailing on the sea, is the very best kind of recreation which can be adopted.—*Medical Gazette in Braithwaite.*

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

1.—The Principles and Practice of Modern Surgery.—By Robert Druitt, *Fellow of the Royal College of Surgeons. A new American, from the latest London Edition—Edited by F. W. Sargent, M. D. Illustrated with* 193 *wood engravings*—8 *vo. pp.* 576. *Philadelphia, Lea and Blanchard.* 1848.

"Druitt's Surgery" is too well known to the American Medical Profession to require its announcement anywhere.—Probably no work of the kind has ever been more cordially received, and extensively circulated than this. The fact that it comprehends in a comparatively small compass, all the essential elements of theoretical and practical Surgery–that it is found to contain reliable and authentic information on the nature and treatment of nearly all surgical affections—is a sufficient reason for the liberal patronage it has obtained. The work before us is a new edition, greatly enlarged and extended by the author—its *practical* part having undergone a thorough revision, with fifty pages of additional matter. The editor, Dr. F. W. Sargent, of Phila., has contributed much to enhance the value of the work, by such American improvements as are calculated more perfectly to adapt it to our own views and practice in this country. It abounds everywhere with spirited and life-like illustrations, which to the young surgeon, especially, are of no minor consideration. Every medical man frequently needs just such a work as this, for immediate reference in moments of sudden emergency, when he has not time to consult more elaborate treatises. Its mechanical execution is of the very best quality, and as a whole, it deserves and will receive from the profession, a liberal patronage. H.

2.—Elements of Natural Philosophy.—*Being an experimental introduction to the study of the Physical Sciences.* By Golding Bird, A. M. M. D., F. R. S., &c. &c.; *with 372 illustrations, from the revised and enlarged third London edition. Philadelphia, Lea & Blanchard.* 1848.

A general knowledge of the subjects treated of in this work, has long been considered indispensable to a sound and liberal education. To the medical man of the present day it is of especial importance, as the relations of physical philosophy with every department of medical science, are, as each advances, becoming more and more intimate.

We are pleased to see this excellent American reprint of our author. The subject has been too generally neglected by medical students, who rarely have time to wade through more diffuse and comprehensive treatises, while the knowledge here presented is enough to enable him to understand its importance, and appreciate its application to theoretical and practical medicine.

The author, in his preface to the first edition, observes "that utility and extreme simplicity, rather than elegance of style, were sought for." In our opinion, all three have been attained, in an eminent degree.

The work now presents as complete a view of the present state of the physical sciences, as is well consistent with its limited design; and is in all respects the best elementary treatise on those subjects with which we are acquainted. C.

3.—An Introductory Lecture *to the Medical Class of the University of Louisville.* By Lunsford P. Yandell, M. D., *Prof. of Chemistry and Pharmacy. Louisville, Oct.* 16, 1848.

Introductory Lecture *delivered to the class of the Starling Medical College; Nov. 1st,* 1848. By Prof. Merrick.

An Introductory Lecture *on the Coinciding Tendencies of Medicines.* By Jared P. Kirtland, M. D., *Prof. of Theory and Practice, &c., in the Medical Department of the Western Reserve College at Cleveland, Ohio.*

We like the plan of giving Introductory Lectures in our Colleges, and of publishing them by the Classes. Although there are many thoughts which have been often used, many facts which have been often quoted, and many incitements to professional industry which have been frequently held up before the student, they are none the worse for that. Our Lord's Prayer is no nearer worn out than it was eighteen hundred years ago, and the great truths and principles which form the basis of all honorable character, whether professional or otherwise, cannot be too often dwelt upon. Some of our choicest specimens of writing and reasoning are in the shape of Introductory Lectures.

The first of the above lectures by Prof. YANDELL, is somewhat discursive in the topics it touches upon, but this perhaps, is allowable in a general Introductory. The history of the American Med. Association, —its resolution in relation to preliminary education—education in general and in the Latin and Greek in particular—professional education—the science of medicine—its progress—new discoveries—the function of the spleen according to Bernard—Physical Diagnosis—the Letheon—Chloroform—local anæsthesia—and last, the impressive truths of modern science revealed by Geology—the Corals, Crinoids and Trilobites, &c., are all more or less dwelt upon. The lecture is certainly a suggestive one, and was doubtless interesting in its delivery.

Prof. MERRICK endeavors to excite in the minds of his hearers a laudable ambition to excel, and to point out the true methods of pursuing professional study.

"The first object should be to acquire a thorough knowledge of the facts and principles upon which medical science is based." In the pursuit of this knowledge "be careful to discriminate between what is true and what is false. Error is not merely negatively injurious, in that it excludes truth, and thus prevents right action, but it is positively injurious in that it leads to wrong." The medical student is specially cautioned to be on his guard, on account of the intrinsic difficulties in his path. He should enter upon the study and pursue it with a mind unbiassed by prejudice, and neither indiscriminately absorb and give out like a sponge whatever is heard or read, or with a blind and self-important scepticism give full credence to nothing.

There is much of truth and good sense well expressed in the following extract:

"There is another class, who pursue a course little less objectionable than that of either of those I have named. I refer to such as are in the practice of forming opinions upon subjects before investigation, and having adopted them they know not why, adhere to them for the same intelligent reason. Their reading and observation may be extensive; and they may not be without their claims as eclectics—culling, as perhaps they do, something from almost every system; but the only condition upon which any opinion is adopted is agreement with their own. These constitute their standard of truth. What coincides with them is true, what does not is false. With so simple a rule of logic, they readily arrive at conclusions, and appear never to be disturbed by any doubts as to their correctness. Where others hesitate, they are confident; where the keenest intellects can only discern men as trees walking, all is to them as open vision. Every argument that recognizes not the infallibility of their universal syllogism, goes for nothing. Even the long and well established principles of science, not falling in with their views, are laid aside as unquestionably false; and as for facts, they regard them in much the same light as the French Philosopher, who, when assured that facts were opposed to his theory, replied with the utmost nonchalance, 'so much the worse for the facts.'"

Truth is what the student needs, though it is often difficult to distinguish and discriminate it from error. In order to do this he should "conduct his studies upon philosophical principles." Great attention should be paid to phenomenal truths, which constitute the basis of all true science. Having ascertained these, they should be, as far as possible, classified, and principles deduced from them. This cannot be perfectly and entirely done with all medical facts, and therefore medicine must ever be, in a measure, an uncertain science.

On the whole, the lecture of Prof. Merrick is a stirring, useful, and earnest one, and well calculated to stimulate, encourage and benefit those to whom it was addressed.

The "Coinciding Tendencies of Medicines" is the title of the third lecture. This title needs some explanation. The author does not refer to the coinciding tendencies of medicines, one with another, but with *disease*. He observes that "every agent, capable of making an impression, if employed during the existence of disease, will exert some influence. It will either *counteract*, or *coincide*. In the one event, it will either diminish, or cure the disease; in the other, augment or modify it, into some anomalous, and more malignant form. The result will depend on the contingencies, whether the article is indicated or contra-indicated, and skillfully or unskillfully employed." Medicines will do either good or harm. "Thousands have died by the weight of *placebos* superadded to the original disorder." Functional and organic changes may occur from disease, which may create susceptibilities that do not exist in health; hence what might be harmless in the latter condition, might, by coinciding with the morbid impression, be of much disservice in the former.

The circumstances under which medicines will "coincide," are stated under several heads. These are, 1st. If not adapted to the fulfilment of the indications. 2d. If not adapted to the grade of the disease. 3d. If not timed to the stage of the disease. 4th. If disproportioned in power, to the amount of disease. 5th. If employed under a false Diagnosis. 6th. If their use be continued after they have accomplished certain changes in the system. 7th. If disproportioned in power to the amount of vitality remaining in the system. 8th. If not suitably qualified. 9th. Remedies may show evidence of the coinciding effects, remote from the time they are employed.

It must be confessed that very many of the difficulties in the way of the successful practice of medicine, consist in the proper appreciation of these circumstances. These difficulties are, many of them, clearly and concisely stated. We cannot go farther into an analysis of the lecture before us. We regard it as a useful and practical one, and are glad to see it in a permanent form. We might quarrel somewhat with the term the author selects, "coinciding," but with his explanation, it can scarcely mislead.

4.—*An Inquiry into the Degree of Certainty in Medicine; and into the Nature and Extent of its Power over Disease.* By Elisha Bartlett, M. D. Prof. of the Theory and Practice of Medicine in Transylvania University; member of the American Academy of Arts and Sciences, etc. etc. Philadelphia, Lea and Blanchard 1848. pp. 84.

The above is the title of a thin volume recently issued from the prolific press of Lea and Blanchard. So much is said by every body, in the profession and out of it, of the uncertainties of medicine—so many are decrying legitimate medicine, and attempting to build up all sorts of humbug, because of these uncertainties, that we welcome any attempt to place in their true light, the capabilities of the healing art. Much of the error, misconception and abuse heaped upon medicine, arises from a misapprehension of what it is capable of performing, and of the inherent difficulties in the way of the application even of its plainer and more settled principles. A patient has a severe disease of any description, say a pleurisy. No therapeutical fact is better settled, than that bloodletting exerts a very marked control over pleuritic inflammation.—If a patient has pleurisy then, shall we bleed him? This question does not admit of a categorical answer, and therefore, there is uncertainty. The age, sex, season of the year, kind of attack as sthenic or asthenic, stage of the disease, condition of the patient, coexisting disease, and a host of other circumstances are all to be taken into the account, weighed, digested, and after all, the answer to this very simple question must depend upon the discrimination and judgment of each individual practitioner. Pleurisy is a disease, the pathology and treatment of which are well understood, and in relation to which, there is, perhaps, less of uncertainty and difference of opinion than in almost any other affection.

The modern discoveries in pathology are of immense importance. No department of medicine is more rapidly advancing towards perfection, than therapeutics, which is the end and aim of all pathological studies; and yet perfection will never be attained. If one man practices medicine with a good degree of certainty, he cannot teach another to do so to an equal degree, infallibly we mean, unless he can furnish to order, brains as well as knowledge.

We are glad to see this little treatise of Prof. Bartlett. Such an essay was needed, and we hope it will be extensively read. It is not, it is true, as full and extensive as it might be;—it professes only to indicate the mode of reasoning adopted, and this may be accomplished as well in eighty as eight hundred pages. It is written in an easy, graceful, and somewhat imaginative style, which we like, whatever others may say. The subject was not one requiring a careful blocking, weighing and fitting of words, and a rigid exclusion of every superfluous one, and the author has therefore allowed his pen, which few wield with a stronger hand or a clearer head, some license.

The able but exceedingly unfortunate article of Dr. Forbes is referred to, and the author proposes to present to view the other side of the picture, which he neglected to draw.

"The canvass which now stands upon my easel," says he, "is placed there to receive, at least the outlines, and some of the leading and more prominent features of this second picture. I have waited, I think, long enough, for Dr. Forbes, or for some one else better qualified than myself, to do the work which I have here undertaken. If Ulysses is not present in the field to bend his own bow, some weaker arm from the camp must essay the enterprise. It seems to me high time, that a clear and earnest word should be spoken for the science which we study and teach, and for the art which we inculcate and practice. The interests of truth, of our profession, and of humanity, alike demand that the legitimate claims of medicine to the regard and confidence of mankind should be vindicated and maintained."

Anatomy, Physiology and Chemistry are upon an equal footing with Geology, Botany, and even Astronomy. The charges of inefficiency and uncertainty then, refer mainly "to that department of medical science, designated by the terms *pathology* and *therapeutics*. This department is constituted by the phenomena and relations of disease; it embraces all these phenomena, and all these relations. It professes, and claims to consist of, a knowledge of the causes of disease, of the seat and phenomena of disease, and of the means of preventing, mitigating, and removing disease. The charges against our science are, that it deceives itself in this matter,—that its pretensions are either altogether false, or greatly exaggerated,—that its knowledge of disease is vastly less than it professes to be,—and especially, that its power of curing and of mitigating disease has been immensely over-estimated and over-stated. These charges sometimes deny altogether the existence of this power, although, in most instances, they content themselves with the allegation that it is very limited in extent, and very uncertain in its application."

Before proceeding to discuss these charges, it would have been well if our author had paused for a few moments to consider the source from whence they, for the most part, come. From whence arises all this hue and cry against the regular profession of medicine? Educated physicians, those who alone are capable of judging in the premises, do not claim infallibility for their science, and readily acknowledge the too frequently recurring powerlessness of their art, but they believe and know that what human learning and human skill, in its present stage of progress, will permit, they can accomplish. Is it not notorious that the greater portion of all the senseless clamour we hear, is raised by the very persons least likely to give reliable testimony? In a court of justice, an interested person is not permitted to act as a witness, but in the great world, where the jury is the public, and where the subject is one in which all mankind are deeply interested, and concerning which but few are enlightened as they should be, he who occupies most of the public

eye, and cries the loudest in the public ear, is he whose pocket-interests are at stake, and who is himself the promulgator or advocate of some new doctrine or nostrum which is to drive disease and all its horrors from the world. We are a reading people. Every man who can read at all takes the newspapers. These are as necessary to him, almost, as his daily bread. Thousands are simple enough to believe that a lie cannot or will not be put in print, and religiously give credence to all they read. What meets these millions of eyes every time the favorite sheet is opened? The answer is too obvious to our readers to require comment.

These charges, alike with the promises and deceptions of infamous pill-mongers, have poisoned the minds of a considerable portion of the less informed of the community, and somewhat weakened the reasonable faith of others. Men are more sensitive and more easily led astray upon the subject of their health than upon any other. If an assertion is made, no matter how ridiculous or impossible, multitudes believe it, because *they* cannot reply to it. As is said by Bishop McIlvaine we believe it is, in reference to the objections of infidels to christianity, so of many of those against medicine, a volume is often necessary to answer fully a single objection; the latter meets and poisons many minds, which the former never reaches;—the bane is received and believed without effort, the antidote requires thought and study for its application.

But there is another class, among whom it has become quite fashionable, of late, to speak disparagingly or sneeringly of our profession. We allude to that highly intellectual portion of the literati *par excellence*, whose transcendentalism is so exquisite, that all their finer sensibilities are sadly shocked at the bare idea of human blood, or vulgar physic.—Ipecac and castor oil must be spiritualized,—puking and purging are unbearable abominations,—even children are to be born in the dark and an utopian refinement is to overspread and envelope us, which will distil our common humanity into the quintessence of—most impracticable and contemptible foolery. As long as we live, we must eat, drink, and obey the calls of nature, and though excessive refinement may have its uses, yet, like love, it must be fed on—vulgar bread and butter. Folly doesn't place her cap alone upon the heads of the ignorant. Latin and Greek do not necessarily confer sense, nor mathematics wisdom; neither does a profound knowledge of theology confer legal acumen, or an enlarged experience in law give skill in physic. The opinions of the learned, when they affect to judge of subjects upon which they are as profoundly ignorant as the veriest boor, are entitled, in reality, to quite as little weight. Miss M., Miss B., or Lord L.—on Hydropathy, are about as good authority in physic, as Davis, of clairvoyant notoriety is in relation to the geography and inhabitants of Jupiter. It is unnecessary to pursue this subject further.

In order to illustrate the kind and degree of our positiveness in relation to disease, and the measure of certainty and constancy with which we are able to control, to mitigate or remove it, Dr. Bartlett selects, very properly, a single disease, viz, *pneumonia*, or inflammation of the substance of the lungs. The pathological or anatomical history of this affection is briefly and graphically related, with the symptoms and physical signs by which the anatomical changes are to be recognized in their various stages. The accuracy of our knowledge of the progress of pneumonic inflammation is thus clearly and beautifully stated.

"By the aid of these acoustic phenomena, (physical signs,) we can fix upon the exact portion of the lung which is the seat of disease; we can mark out its boundaries; we can follow these boundaries inch by inch, as they advance, and invade new parts of the lung; we can follow the natural progress of the inflammation from its first to its second period, and back again in in its retrograde march towards health. We know the precise moment of time, when the air-vesicles are so blocked up, that no air passes into them, and the precise moment, also, when they are again opened to admit it. The roar of conflagration does not mark more clearly, the passage of the raging element from chamber to chamber of a burning house, than does the fine dry crackle of the crepitant rhonchus, the presence and march of inflammatory engorgement of the lungs."

Pneumonia is a grave affection, and one that frequently destroys life. Our prognosis will depend upon a variety of circumstances, and it cannot be absolutely certain until the "uncertainty of human life" ceases to be a proverb. From puberty to the age of thirty, the danger is comparatively slight, not more than about one case in fourteen, in a large number, proving fatal. In infancy and old age, it is much more fatal. Beyond the age of seventy, more than half the cases terminate in death.

After considering quite fully, the present state of our knowledge in reference to pneumonia, our author proceeds to consider "the nature, the degree and the certainty of our power over disease," and for the purpose of illustration, makes use of the same affection. Different remedies are discussed, with the experiments in their use, and the numerical results, as far as these have been obtained. The account of the effects of bloodletting, particularly, is very full. The experiments of Louis, of Jackson, and Grisolle are referred to, and the conclusion drawn from them, as well as the general experience of the profession, that bloodletting, in the great majority of cases does exercise a marked and decisive control over pneumonia. It is, however, entirely certain "that many cases of pneumonia terminate naturally and spontaneously, so to speak, in health, quite independent of any active medical treatment." Others again, "will terminate fatally, notwithstanding any assistance which art may furnish, and in defiance of this assistance." There is also a third class of cases occupying a middle ground "and not tending necessarily either in one direction or the other, not terminating naturally in recovery, nor inevitably in death."

We cannot follow our author farther in his investigations. His conclusions in relation to the treatment of pneumonia are stated as follows:

First:—The science of medicine, so far as pneumonia is concerned—although, like other natural sciences, still unfinished and progressive—is, to a very satisfactory extent, settled and positive; the principal phenomena and relations of this disease, have been well and accurately ascertained; its natural history is, in a good degree, and to a considerable extent, complete.

Second:—Medical art, so far as pneumonia is concerned—although not endowed with absolute and unqualified power—is still of great and unquestionable utility. Through the agency, principally, of bloodletting and antimonials, as its most active means, it lessens the severity of the disease, shortens its duration, and in many instances prevents its termination in death."

We have already extended this article beyond its intended limits.—We should be glad to give an analysis of the remainder of the book, but cannot. The "Inquiry" is conducted in a candid, earnest and philosophical spirit, and we hope we have already said enough to induce every reader of ours to become a purchaser. He cannot arise from its perusal without a higher and more just appreciation of the science and the art of medicine, and his impressions will be none the less pleasant, we are sure, from the genial and truthful spirit which shines out on every page. Wishing this little brochure a widely extended circulation, we take leave of it by quoting a portion of the author's concluding reflections.

"I think that medical art as it has been embodied in the lives and labors of its professors, during two thousand years, has been worthy of its high vocation, true to its great trust, faithful to its almost divine mission, and that this is more true of it now than it ever was before. I claim for it no exemption from the imperfections and frailties of all human concerns. I am very willing to admit that the personal conduct, and the scientific, professional, and general attainments of medical men have not always come fully up to the requirements and obligations of their position. Knaves find their way into all places, and

"Fools rush in where angels fear to tread."

"Snobbishness, in the comprehensive meaning which Punch, in hi genial pages of mingled wit and wisdom, has recently given to the terms is not confined to the other ranks and occupations of life; so much of, it as appertains to the liberal professions has not been monopolized by the pulpit or the bar. Ignorance every day puts on the mask of knowledge, and pompous inanities pass current for the profoundest wisdom. Huge piles of stubble and rubbish are every year heaped up into shapeless ugliness, the fond builders believing all the while that they are rearing temples of adamant and marble, and the work goes bravely on to the admiring sound of braying asses, mistaken for the music of eternal fame. Sangrados ply the lancet and warm water in Paris as they did in Salamanca, and Sganarelles reason in the pages of the last journal as they do in those of Moliere. Nevertheless, and notwithstanding all this, it is none the less true, that the obligations of the world to the science and the art of medicine, as they have been taught and prac-

ticed, are beyond all measurement or estimate. There is no process that can reckon up the amount of good which they have conferred upon the human race; there is no moral calculus that can grasp and comprehend the sum of their beneficent operations. Ever since the first faint dawn of civilization and learning, through

"The dark backward and abysm of time,"

they have been the true and constant friends of the suffering sons and daughters of men. Through their ministers and disciples, they have cheered the desponding; they have lightened the road of human sorrow; they have dispelled or diminished the gloom of the sick chamber; they have plucked from the pillow of pain its thorns, and made the hard couch soft with the poppies of delicious rest; they have let in the light of joy upon dark and desolate dwellings; they have rekindled the lamp of hope in the bosom of despair; they have called back the radiance of the lustreless eye, and the bloom of the fading cheek; they have sent new vigor through the failing limbs; and finally, when exhausted in all their other resources, and baffled in their skill—the handmaids of philosophy and religion—they have blunted the arrows of death, and rendered less rugged and precipitous the inevitable pathway to the tomb. In the circle of human duties, I do not know of any, short of heroic and perilous daring, or religious martyrdom and self-sacrifice, higher and nobler than those of the physician. His daily round of labor is crowded with beneficence, and his nightly sleep is broken that others may have better rest. His whole life is a blessed ministry of consolation and hope. Sweeter than the water-brooks to the panting hart are his kindly voice and his affectionate smile to the lonely presence of sickness, sorrow, and pain.

5—Principles of Medicine; *Comprising General Pathology and Therapeutics and a brief General view of Etiology, Nosology, Semeiology, Diagnosis, Prognosis and Hygiene.* By Charles J. B. Williams, M. D., F. R. S., &c. Edited with additions, By Meredith Clymer, M. D. Fellow of the Philadelphia College of Physicians, &c. Third American from the Second and enlarged London edition. Philadelphia: Lea & Blanchard, 1848.

We can do little more than announce to our readers that a new edition of the very valuable work of Prof. Williams, has been called for, and to state that it contains important additions and improvements, which render it still more worthy of their perusal. The author says in his preface that these additions pervade almost every portion of the work, but they preponderate in the chapters on Etiology and Pathology, and a whole chapter has been added on Hygienics. The able American editor has made some important additions, especially to the section on Semeiology, where they were obviously needed. Few books have proved more useful or met with a more ready sale than this, and no practitioner should regard his library complete without it.

6—*A Dictionary of Medical Science, &c.* By ROBLEY DUNGLISON, M. D. Prof. of the Institutes of Medicine, &c., in the Jefferson Med. College, Philadelphia. Seventh edition carefully revised and greatly enlarged. Lea & Blanchard. 1848.

The Dictionary compiled by Prof. Dunglison is so well known and highly esteemed, as to be almost independent of the commendations or censures of the Medical press. The present edition is considerably enlarged and rendered more complete by the incorporation of some six thousand additional words. The physician or student will rarely find a term bearing any affinity to medicine or surgery, which is not contained in its ample pages.

7.—*On the Blood and Urine.* By JOHN WILLIAM GRIFFITH, M. D., F. L. S., &c. G. OWEN REES, M. D., F. R. S., F. G. S., &c., and ALFRED MARKWICK, M. D., &c. Philadelphia: Lea & Blanchard. 1848.

The publishers have combined and reprinted in one volume, three distinct treatises; the first on the "General, Chemical and Microscopical characters of the Urine and its deposites both in Health and Disease, and of the Blood, by Dr. Griffith; the second, on the Analysis of the Blood and Urine in Health and Disease and the Treatment of Urinary Diseases, by Dr. Rees, and the third "A Guide to the Examination of the Urine in Health and Disease, for the use of Students, by Alfred Markwick, M. D."

The progress which has been made in our knowledge of the pathology of the blood and urine would seem to call for distinct works devoted to these fluids. The minute experiments and elaborate researches of many of our ablest pathologists cannot be repeated by the mass of practitioners; indeed it is not necessary that they should be. The results, if they are proved to be true, are what we need, and are all that most of us have time to acquire. In the words of Liebig, when speaking of the researches of mechanical philosophers and chemists, "the result of every such investigation, if it bear in any degree the stamp of perfection, may be given in few words; but these few words are eternal truths to the discovery of which numberless experiments and questions were necessary."

We are glad that this work has been issued. Too many practitioners have neglected to a considerable degree, the important departments of Physiology and Pathology of which it treats. If it does its part toward preparing the way for a single, compendious, practical treatise, aside from its intrinsic merit, it will do much good. Such a treatise is, we think, much needed, and none that we have yet seen, answers fully our description.

PART FIFTH.

EDITOR'S TABLE AND MISCELLANY.

Columbus, January 1, 1849.

Many happy new years to you all, kind friends and patrons! Though our intercourse has been short, it has thus far been pleasant, and we already find a real pleasure in our accustomed chit chat. We greet you at your firesides only for the third time, and yet we come in with the easy familiarity of one with whom you "have been long acquaint." Long may this intercourse continue to our mutual pleasure and profit, and may no cloud for a moment intervene between us and your good will.

We took our seat in the "arm chair" with many misgivings. We felt strong only in one thing, the sincerity of our desire to do something for the advancement and elevation of our profession—to leave at least some "footsteps on the sands of time." We believed that there was ample room for another medical Journal in Ohio, and that, if properly and prudently conducted, it would do much good, and no harm. We knew that enough of talent was lying idle—enough of material was being wasted, to fill our co umns, were they twice as ample, and to keep them filled. We set about our task without preparation and almost at a moment's warning. No long list of subscribers gave us reason to hope for even a pittance, for our labor and trouble, to say nothing of our necessary expenses. Acting upon our own impulses, we did not even consult with very many of our professional friends—there was no time—but launched our bark at once into the great ocean, trusting in favoring gales and a smiling Providence. We are glad to find that we were not mistaken. Our labors have been kindly and cordially received, and our prospects are much brighter than we had dared to anticipate. We presume that we have not as yet fully met the expectations of all. It is much easier to find mistakes than to avoid them,—easier to describe what our journal should be, than to make it even what it is. Our efforts in its behalf will only be limited by our ability, and with the able assistance we have secured, we hope we shall not at least fall far behind our cotemporaries, or disgrace our profession or our State.

We would'nt give a straw for a man in any capacity who has'nt sense enough to have "a mind of his own" and firmness and independence enough to express it when occasion calls for such expression. We have no sympathy with the truckling demagoguism which will sacrifice opinion, even principle, to gain an ephemeral advantage or a mushroom popularity. We prize an honest heart far higher than an oily or flattering tongue, and prefer an open enemy to a secretly treacherous friend. We have spoken of our profession, especially in this State, somewhat freely. We have even said that many among us, who wear our title are a "disgrace" to our name. We have been called to account for this expression by our Ohio cotemporary, but we certainly shall not retract it. We said it simply because we believed it, and re-

assert it now because we have seen no reason to change our opinion. Every body says that the physician, to whom is entrusted the most momentous interests, should be learned, discreet and competent, and every body is right. Every educated physician knows that the widest learning, the most ample experience, and the highest skill, have failed to make the science of medicine perfect—and full well that time and the most persevering industry are requisite to enable him to avail himself of what has already been learned and done. Medicine is not a trade to be learned or taught in a twelvemonth. We have seen, and who will deny it, young men rushing into our ranks with less of preparation than would be requisite for a passable cobbler, totally unfit, either from previous training or professional acquisition, to take upon themselves the high functions of the physician, and our indignation has been kindled. The steamer who buys his book and his "right" and comes out a *doctor*, ready made to exercise the latter as soon as he can fairly read through the former, is simply a disgrace to humanity. The community who will be fools enough to employ him are fitly punished by his blunders and his ignorance, but he who, with almost as little forethought or preparation, affects to enter the ranks of the regular profession, and claims to be regarded and treated accordingly by physicians around him, who makes his self-imposed title a cloak for his ignorance, and preys upon his patients under cover of the wings of the great profession in which he is an interloper, is not simply a disgrace to humanity, but to the profession, to you and to me. You know that there are, in the broad limits of our State, many men of this character. To those or of those, who have properly prepared themselves for the duties of our calling, whether that preparation was effected in the college or the closet, we have nothing to say. We only insist that every physician should be well informed at least in what pertains to his profession, and that it is the duty of that profession to guard as strictly as possible, the avenues by which it is approached. We shall not fail to direct your attention frequently to what we consider this great evil.

Within the year just passed, much has transpired of an encouraging nature. In our own country our profession seem waking up from their apathy, and we can confidently look forward to "the good time coming." Among not the least important events to the American profession, we reckon the passage of the law to prevent the importation of adulterated drugs, &c. Indeed, it would be difficult to over-estimate the importance of this measure. We at the West, have suffered more from the difficulty of obtaining pure articles than our eastern brethren. Spurious, worthless trash has even been prepared in Europe, expressly for the Western market. How many lives have been sacrificed by this gigantic crime, it is impossible to conjecture. Let us not fail to unite in giving all honor to the noble men who have labored so indefatigably for the good of humanity, and very directly for the efficiency and respectability of the profession.

Chloroform was first administered in the Mass. Gen. Hospital on the 2d of Jan. last. Most of the experiments with this agent have been made within the past year, and we are rapidly acquiring a knowledge of its real efficacy and safety.

The health of our State has been, so far as we can learn, unusually good for the year past. No wide spread and fatal epidemic has desolated us, and we have a reasonable assurance of a continuance of this state of things, so far as peace, plenty and contentment can influence it.

The cholera has taken the tour of the continent of Europe, and is now hovering over our shores. Whether the destroying angel will only cover here and there a spot with the shadow of his wings, or come down in wrath to fill the whole land with desolation and mourning, God only knows. The probabilities are altogether in favor of a light and partial visitation, but "the pestilence walketh in darkness and wasteth at noonday." Let us meet it, if it comes, with a stout heart, and if we fall, fall at the post of duty.

Ohio State Medical Society.—The following preamble and resolutions were adopted at the last meeting of the American Medical Association, at Baltimore.

"*Whereas.* The objects of the Am. Med. Assn. cannot be effectually carried out without a more general and efficient co-operation of the profession throughout the United States;

Be it therefore *Resolved*, That it is earnestly recommended to the Physicians of those States in which State Medical Societies do not exist, that they take measures to organize them before the next meeting of the Am. Med. Association."

No truth is more firmly settled, than that combination is power.—Whether the object in view be good or evil, men have learned that, in order to accomplish great results, union and concert of action are necessary. This principle is as applicable to our profession as to any pursuit in life. Review our history and observe how large a proportion of scientific investigation and discovery has been set on foot and made subservient to human good, by medical societies of various descriptions. What more proper or praiseworthy than for men, engaged in the same pursuit, drawing from the same fountains of knowledge and having the same great ends in view, to unite in the bonds of brotherhood and good feeling, and thus to multiply many-fold their usefulness and their influence!

We recognise the American Medical Association as the great embodiment of the public opinion of the profession, and shall look upon any measures which it may deliberately suggest or recommend, as deserving of the most respectful consideration. In the preamble and resolution which commence this article, the Society has only recommended a measure which every man of sense approves.

There has been in existence for two or three years, a State Medical Society in Ohio. For various reasons, which we care not now to refer to at length, it has not flourished as it should. Many of its warmest friends have been somewhat fearful and doubting as to the best course to be pursued. Our Conventions have generally been very pleasant and profitable gatherings, and many believe that we can accomplish more by continuing them. We respect these opinions highly, for we know that but one motive animates us all,—a desire to do what will be for the best. We hope the usual annual convention will again assemble, and believe that with proper prudence and a spirit of conciliation, we may all merge into a common organization which shall be permanent, active and useful. The society already numbers many of the ablest physicians in the State, and many more stand ready to join it and extend its influence. It has an ample and liberal charter, and its plans of organization are very complete. It contemplates County or District Societies as auxiliaries, and aims to unite and harmonize the profession upon high and common grounds.

We shall speak frankly on this subject, and only ask that what we may say may be received in the spirit in which it is written. We say then, that we believe that the time has arrived when the highest interests of humanity and ourselves demand that we should organize more perfectly than heretofore, and *do* more than we have yet done for our own improvement. The great objection that has been hitherto urged is, the difficulty of drawing a separating line between regular and irregular practitioners, in other words, of fixing precise and satisfactory terms of membership. That this difficulty does exist, is the strongest possible argument for the *necessity* of such an organization. The trial must come, and when can it be better met than now. We do not even believe that there will be much real difficulty in the matter. Let the standard for membership be placed as high as we can bear in our present condition, and be raised as we advance. Great results cannot be accomplished without time, effort, and patience. The hardest lesson the earnest and sanguine man can learn is "to labor and to wait." Let us not begin with what is impracticable and we shall not end with what is ridiculous.

Many excellent and conscientious physicians are fully of the belief that if we sincerely desire what we profess to desire, if we wish to see the profession in Ohio elevated and dignified, we must do it ourselves. We subscribe to this opinion. We have, in the present condition of the public, no faith in the efficacy of legislative enactments, however just or desirable in themselves. Laws will not be obeyed if they are enacted, and their moral influence will thus be reduced to much worse than a nonenity. We believe this, though we may be mistaken. We also believe that we have a power within ourselves which, if disciplined and concentrated, will be much, very much more influential for good than any law would be. Whatever our opinions may be, the question is settled, that for the present, if anything is done, the profession must do it.

The next annual meeting of the society will be held, we believe, on the third Tuesday in May next, at Columbus, and we hope that there will be a full representation from all parts of the State, and that the present members especially, will feel it to be their duty to make every effort, by the preparation of papers, &c., to make the meeting interesting, profitable, and satisfactory.

In accordance with a vote of the society at its last meeting, an address will soon be issued to the profession in the state on its behalf.

New Mode of Treating Uterine Hemorrhage.—Prof. Linton, of St. Louis, proposes a novel method of treating patients prostrated by excessive uterine hemorrhage. It consists in bandaging firmly the lower extremities, beginning at the feet. The theory is, that this compression acts like transfusion without its dangers or inconveniences. Six or eight ounces of blood are forced from the limbs into other parts of the system, and this quantity is often sufficient to sustain the flagging powers until nature rallies sufficiently to sustain herself. Professors Linton and McPheeters have both seen cases where this treatment was resorted to with success.

Death after the use of Chloroform.—A man named John McStout, Jr. of New Brunswick, N. J., is said to have had a tooth drawn while under the influence of chloroform. Within forty eight hours after, inflammation commenced in the jaw, which rapidly extended to the brain, producing delirium and death in a few hours. (Did the chloroform kill him?)—*Annalist.*

Editorial Change.—The two St. Louis Medical Journals have been merged into one, the editors of both being retained. The new Journal is certainly strongly manned, having four now at the helm. There is certainly no impropriety in their saying *we*. The St. Louis Journal is one of the very few which has not yet made its appearance upon our table. We therefore cannot speak of its merits.

Ergot as a Remedy in Spermatorrhœa.—Prof. Willard Parker, in a recent lecture on excessive and involuntary seminal emissions, stated that he had used the Ergot in combination with the Tinct. Ferri. murias, with very marked benefit.—*Annalist.*

Rush Medical College—located at Chicago, Illinois. This institution has necessarily received some of the influences which are operating upon that whole region of country. It is thrifty—no less than 140 students having attended the last term—and by-and-by *there will probably be* 500!.—*Boston Med and Surg. Journal.*

Our friend of the Journal must really try and not be so envious. "By-and-by" New England will only be a little out-of-the-way corner, a mere appendage which the great West could thrust into one of her pockets, and not feel it. Be resigned to your "destiny," neighbor!

"*That Mantle.*"—When Dr. Roberts was about retiring from the N. Y. Annalist, he received the first No. of our Journal. He had only a corner left to devote to us, but in the little he so kindly said, he incontinently bequeathed to us his "mantle." We were proud and rejoiced beyond measure. The article was received in good condition, and we have been trying to bring its ample folds into some correspondence with our diminutive self ever since. Our friend Davis, the next in the regular succession, was heir expectant, and seems much disappointed that he was forgotten. We wish we could console him, but — the mantle is ours,—and we can only advise him to bear his misfortune as meekly as we bear our "blushing honors."

The Profession in Ohio, and Cheapness in Medical Education.—In the December No. of the Lancet, the editor replies to our remarks under these heads, at considerable length, and in very labored style. We shall not continue this controversy, because we believe our readers will be better pleased with something else. We cannot forbear, however, noticing some of the strong, or rather some of the projecting points of the editor's last effort. This will be done in part, by giving explanatory quotations, and if these place our cotemporary in rather an unfavorable light, he must blame himself, and not us. We do not suppose for a moment, that our excellent friend would intentionally misrepresent or injure us. He distinctly disavows such an intention, and we believe him; but we must believe, either that his mind was in a peculiar state when he read our Journal, or that he did not carefully read it at all.—He has certainly misapprehended us, and as certainly, though unintentionally, in some particulars, misrepresented us.

The first point, which the editor calls the "chief point in the controversy," is—"what is the meaning of a "portion" and "a very considerable proportion;" for these are the persons in Ohio who are a "disgrace" to the profession, and who have never received a regular medical education." The editor is at a loss to conceive what meaning to attach to these terms, unless they signify "a pretty considerable chance," or something of that sort. Now we will answer him in his own words, which

he can surely be at no loss to understand. In the Oct. No. of the Lancet the editor says, "we presume that the profession in Ohio embraces about the *ordinary proportion* of badly educated physicians." When the learned editor will give us the precise difference between "a portion" —"a considerable proportion," and the *ordinary proportion*, we promise to make our meaning clear to his comprehension. This is certainly rather diminutive cavilling.

What follows is really very objectionable to us, because sentiments are imputed to us which we never maintained or expressed. After referring to some facts which we gave from two localities, in relation to educated and uneducated physicians, defining what we meant by the terms, the editor exclaims almost with horror, "now this is "statistics" with a vengeance! At this rate more than one half the physicians of Ohio are a "disgrace" to the profession. This is giving gigantic form to a "very considerable proportion." We are *made* to say that every physician who has not received a regular medical education, is a disgrace to the profession. Did the editor read the following in our last No? If he did, we ask him in all candor, how he can reconcile the above with his conscience, to say nothing of the fair and honorable rules of controversy. We said distinctly and emphatically that—"we did not say that all these were a disgrace to the profession by any means. On the contrary, many of them, the older ones especially, have made the most of the advantages within their reach, and deserve far more credit than many a younger man with a "regular medical education" and a degree to boot."

Suppose we turn upon the editor, and, because he would not allow us, without protest, to say that even the "ordinary proportion of badly educated physicians," to use his own words, is a *disgrace* to us, insist upon it that he is an open advocate of the largest liberty in the profession, that he decries medical education as useless, and that there is no need of the slightest improvement! We should do no more violence to his language than he has to ours, but we should violate our sense of right and our love of truth.

Thus much for "the profession in Ohio," but we hope we have not done yet with the said portion of our brethren. We shall, from time to time say what we think of them and to them, and we have not the slightest fear of offending any man whose good opinion is worth having. We cannot forbear giving a short extract from a letter recently received from one of the oldest, most respectable and influential physicians in the state. The letter is dated Dec. 6th, 1848. The writer says, "I carefully read and reflected on your remarks relative to the profession in Ohio. Your remarks meet my fullest approbation. If I were to find fault, it would be with your too great leniency. You are certainly not chargeable with magnifying the evil."

We now come to the editor's favorite topic, "Cheapness in Medical Education," which we will despatch as speedily as we can.

"For several years past, says our cotemporary, Ohio has had three schools of medicine: two of these have seen proper to place the fees for instruction at very low rates; the third has not followed their example. As journalists, we did not intend to discuss or even allude to this subject, well knowing that some of our cotemporaries would manifest great sensibility if it were even hinted at; but this neutrality has been disturbed by the indiscreet introduction of the subject by one of the parties most deeply interested. In the very *first* No. of the *Ohio Medical and Surgical Journal*, a periodical edited by one of the professors in the Co-

lumbus school, the subject of *cheap teaching* is openly introduced, and its favorable influence directly asserted."

We will now give every word that was uttered by us bearing directly or indirectly upon this subject, when we so "indiscreetly disturbed the neutrality" previously observed. We said, in our first No., "if a young man, commencing study at the present day, with our largely increased facilities for imparting instruction, and the readiness and cheapness with which they are attainable, cannot obtain a tolerable m edica education before commencing practice, he cannot possess suffic ent energy and perseverance to succeed in any profession, and it would be far better for himself and the community, that he turned his lazy ambition into some other channel." This is the "head and front" of our "indiscreet" introduction of the subject "in the very *first* No. of the Ohio Medical and Surgical Journal." When the editor makes up his mind to assert the contrary of the above, we hope he will let us know it.

In our last No. we inserted an article on this subject in reply to the Lancet. Does the editor mean to say that we join issue with him upon the general subject of low fees,—that we maintain that low fees are, under all circumstances, promotive of the best interests of the profession? Can the editor point to a remark of ours *advocating* low fees?—He has mistaken the whole drift of our argument. He charged, most distinctly, upon "two of the schools" the placing "their fees very low," and thereby inducing a condition characterized as "deplorable." We simply contended in our remarks, and proved our assertions, we think, that the consequences spoken of by the Lancet do not necessarily result from low fees. The profession has improved in th's State in consequence, simply for the reason that many of them have left their business and spent a winter or two in attending lectures, because the expenses came within their means. We quoted the N. England schools simply to show the editor, who is a marvellous stickler for "statistics," that what he somewhat superciliously characterizes as "cheap schools" are not necessarily such contemptible affairs, but that some of them can boast as distinguished names as our country possesses, and that, in our own words, "the excellence of medical instruction, or medical schools, does not depend solely upon the amount of the fees charged."

We know no reason why the fees should be higher at the South than the North. We introduced no scale founded upon geographical limits, but only referred to facts as they are.

The sentence which contained more of our own feelings and sentiments, than any other we have penned during this controversy, our cotemporary has entirely omitted to notice. Perhaps he did not see it. It is this:—"*A rigid prelimina y examination, and a more rigid one still for a degree*, would do more, in our humble opinion, to raise the schools of the union, than any other means that could be devised." We regard high fees ($90,) or low fees ($56,) as of comparatively little consequence in themselves. If we acted from selfish motives alone, we should of course prefer the former. In France, *no regular fees are charged*, and yet the French, "cheap" as they are in this respect, make pretty good doctors, we believe—at any rate we hear nothing of the "deplorable" state of the profession there.

We hope our friend the editor of the Lancet, understands our position by this time. There is in reality, too little difference between us to justify a dispute; and we have other more profitable work in hand.—Finally, we reciprocate most cordially, passing over the little preceding allusion to our greenness, the kind and gentlemanly conclusion of the article in the Lancet, and send it back in the editor's own words:

"We beg to assure the editor of the Journal, that it is our desire at all times to treat him, personally and professionally, with that degree of fairness and consideration which his position and merits demand; and in any differences of opinion which may arise between us, we shall especially endeavor to avoid an illiberal spirit and acrimonious feelings, which might degenerate into reprehensible personalities. And we can conscientiously declare, that nothing can induce us, wilfully and intentionally, to injure the editor, his Journal, or his school; but we do desire to see them, severally, occupy a high and unequivocal position, whereby the interests and dignity of each one, and the profession at large, may be fully and completely sustained."

HYDROPHOBIA CURED BY CHLOROFORM.—It appears by the following letter from the physician who attended the recent case of hydrophobia at Camden, N. J., that a cure of this fearful disease has been effected through the agency of chloroform. The Newark Daily Advertiser, from which we copy this letter, states that a full and authentic report of the case is to be made by Dr. Jackson of Philadelphia:

CAMDEN, N. J., Nov. 11, 1848.

I received yesterday your communication in relation to the case of Mrs. Burrows, of your city, which has recently excited so much interest. She is a respectable married lady, aged 25 years, and possessing more than ordinary personal beauty. In August last, she was slightly bitten on the wrist by an unknown dog, which she never saw or heard of afterwards. It gave her some uneasiness of mind, as well as considerable pain at times in the affected arm, accompanied with inflammation and slight suppuration. No symptoms, however, the least alarming were discernible until the 27th of October, when she was suddenly attacked while sitting in her chair with her little family around her.

Being the family physician, I was immediately summoned, and found her in a state of insensibility, to all appearances unconscious of every thing around her. A bucket of warm water was procured, in which to place her feet; she immediately gave the vessel a violent blow with her foot, which was succeeded by as severe a spasm as I have ever witnessed. So violent was it about the muscles of the throat and diaphragm, that strangulation appeared to be inevitable.

These spasms continued throughout the night, recurring at intervals of from ten to thirty minutes. After the paroxysm had subsided, she would become conscious and conversant. I frequently tried her with water through the night, and sometimes at her own request; the mere taste of it, in fact, the sight of it, was sufficient to produce the spasms.

The next day, Saturday, Dr. Jackson visited her. She continued extremely ill, the attacks becoming more and more violent. On Monday it was proposed to administer the chloroform, more for the purpose of overcoming the severity of the spasms than with any expectation of it producing permanent relief. The inhaler was used at first, but we could do nothing with it, as she would bite severely every thing within reach of the mouth. A concave piece of sponge was substituted, pouring the chloroform in it, and then applying it to the mouth.

The very first attempt acted beautifully. As soon as the spasm commenced the sponge was applied, and in a minute almost, however wild and raving she may have been, she would sink down upon her pillow in a state of perfect calmness and repose which was soon followed by a return of consciousness. So we continued to ward off the attacks, and on Tuesday, or Wednesday at farthest, there was no return of them.—Still the very thought of water was horrible to her.

She is now convalescent, though much enfeebled, but can drink water. Yet she informs me some very unpleasant feelings were produced a day or two ago by her neighbor inadvertently washing her windows. Many more particulars I could furnish you, but the case will be published by Dr. Jackson. I have no doubt of its being a case of genuine hydrophobia. Yours, with respect,

L. F. FISLER.

Dr. L. A. HALL, Newark.

CONVENTION OF WESTERN MEDICAL SCHOOLS.—We are glad to see that the Lancet responds so cordially to the proposal for a convention of the western schools, especially as it is understood that it speaks for the Ohio Medical College. We hope that there will be no holding back from any quarter, but that all the schools concerned will be represented, and the convention held at the time specified. We are confident that good and nothing but good will result from such a movement, if it is entered into in the proper spirit.

We inform the Lancet, that we were aware of a similar proposition, made through that Journal last January, but as it came from none of the schools, and especially as it was not responded to by a single one of them, we did not refer to it. We have not the slightest ambition to take the lead in this matter. Our ambition is a higher one,—to do what we can to elevate and improve our profession. We have no doubt but that the editor of the Lancet and the gentlemen connected with the several Colleges interested, are as sincerely desirous as we are to aid in the great work of improvement. If by any means a mutual understanding can be had, and a "platform" agreed upon, and adhered to, we shall be abundantly satisfied.

Since writing the above, we have received the December No. of the North Western Journal, from which we learn that the school at Chicago wishes to be represented in the Convention. The right spirit is evinced.

In order that something definite may be determined on soon, we suggest the propriety of those schools not yet heard from, communicating their wishes by letter to Prof. Lawson of Cincinnati, who will, without doubt, report progress from time to time.

CHOLERA.—The great question in which the community, as well as physicians feel a deep interest, is, what is the best and most uniformly successful mode of treatment?

The most important question is, how can the disease be prevented?—the next in importance, how can it be cured? Fortunately something can be done in the way of prevention, by observing strict and careful sanatary regulations, both as a community and as individuals, and in most cases, something may be done towards effecting a cure. The great point is, to apply our means early, and before the supervention of the stage of collapse. In most cases, there is time for the application of remedies, but not in all. In the Report of Dr. Whiting, Health Officer at Quarantine, New York City, to the Board of Health, now before us, we are told of the cases that occurred there, that "in this disease there has been but one stage—that of collapse—although every pains have been taken to detect the first deviations from health, directions given to all to communicate them at once, and persons employed to inspect them constantly, and a physician to pass among them at all hours of the night and day. The first intimations are the extreme symptoms, defying the most prompt and decided remedies." We give below, the treatment, as at present pursued by Dr. Whiting. It should be observed, that of the first thirty cases *twenty* proved fatal.

"Of the thirty three cases that have happened since my report of the 11th, I am glad to state that only nine have been fatal. And as there appears to be no difference in the severity of the symptoms at the outset of the disease, I cannot but attribute the diminished fatality to a more happy plan of treatment.

From the results of the first thirty cases, and post mortem revelations, I became convinced that the stimulating plan was not the treatment for *this* cholera, and abandoned at first the mustard, then the capsicum, ammonia, brandy, wine whey, etc., and relied on calomel in large doses, with opium, Dover's powder and camphor.

With regard to camphor, even though it has been always lauded, and by some as *the specific* in cholera, I entertain suspicions of its utility.

The treatment I have now adopted and adhere to, from its decided agency in controlling the symptoms and inducing early reaction, is the exhibition of moderate doses of calomel, with morphine, at short intervals. Five grains of calomel, with a quarter of a grain of sulph morphia, is at first given to an adult; in half an hour, or one hour, a scruple dose of calomel is exhibited, and is usually retained; afterward, a pill of Cal. grs. V, Sulph. Morphine gr. ¼, is given each hour, two hours or three hours, as the effect may indicate. This is observed in the subsidence of the pain and spasms, the diminished quantity and frequency of the evacuations, the return of warmth, and the restoration of the pulse.

This treatment is continued until some indications of bilious action appear; the first is usually a change of color and consistence from the light, thin, rice water, to a greenish, and then brown or brownish yellow color. The evacuations from the stomach and bowels will frequently continue green, or of the color of sulphate of copper, for hours, but I have not known a single case to relapse where this effect had once been produced.

I was led to substitute the morphine for opium, from its being less liable to disturb the stomach or to produce narcosis, an effect to be deprecated in this stage of congestion, except it result naturally from the obviation of pain and excitement.

In children, however, under six or seven years, I have used Dover's powder in preference to morphine, as being more manageable in regard to the dose. A very simple remedy, but one that I have used in children with happy effects, has been the tea of the spearmint, given hot in the first stage, and afterwards cold, in a small quantity, a large spoonful occasionally.

The most valuable external means is the stream of hot vapor of alcohol, poured over the patient by a very simple apparatus at the foot of the bed. This is a large alcohol lamp placed under a sheet iron cylinder, with a pipe running from it. The lamp is placed on the floor, and the tube with an elbow, and terminating in a large funnel to elevate the clothes, is inserted under the bed clothes.

This and hot mustard applications are the only external means that I rely on. They are potent, and can be continued without the fatigue or exposure of the patient, a paramount desideratum, as there is plenty of both to contend with as the inevitable effects of the disease."

Effects of the New Drug Law. — Dr. EDWARDS, the indefatigable Chairman of the Special Committee in Congress, which reported the new law, was employed for some time before the commencement of the present session, by Mr. Secretary Walker, to visit the ports of New York, Philadelphia, Baltimore and Boston, and report upon the operation of

the law. Through the kindness of Dr. Bœrstler, of Lancaster, we have been favored with a few items from Dr. Edwards' forthcoming report. We are sure we could not lay more highly interesting and satisfactory information before our readers, than is contained in the following extracts from Dr. Bœrstler's letter to us.

"Much good has already resulted from the law, and the opposition to it is now confined to Drug brokers, the regular dealers approbating it. The partner of the largest importing house in New York, now in Europe, writes that this law will effectually prevent the shipment of adulterated drugs and chemicals. The Inspectors of our ports are doing their duty faithfully and fearlessly—instance New York alone, where the following spurious articles were not allowed to enter, but sent back. The inspector rejected:

July	19,	6,650	lbs	spurious rhubarb root,	from Canton.
"	21,	931	"	" " " " "	"
Aug.	10,	750	"	adulterated opium,	Marseilles.
"	11,	2,940	"	Jalap root, spurious,	Tampico.
"	31,	2,249	"	rhubarb root, "	London.
Sept.	1,	645	"	" " " "	"
"	5,	1,414	"	gamboge,	"
"	8,	545	"	rhubarb root,	Hamburg.
"	9,	1,400	"	senna,	Leghorn.
"	19,	2,900	"	yellow bark, "	Bordeaux.
"	20,	875	"	rhubarb root	Canton.
"	22,	758	"	opium,	London.
"	25,	1,783	oz	iodine,	"
"	26,	1075	lbs	rhubarb root,	Marseilles.
"	26,	875	"	jalap root,	Vera Cruz.
"	29,	3,100	"	"	"
Oct.	23,	788	"	rhubarb,	London.
"	23,	227	"	gum myrrh,	"
"	25,	13,120	"	yellow bark, "	Marseilles.
"	26,	1,875	"	" "	Bordeaux.
"	26,	412		gum myrrh,	London.

In Boston a number of cases of adulterated opium, and other spurious drugs were also rejected. This will give your readers some little idea of the rascality of traders in such things and shows the necessity of penal legislation. As well might men poison our fountains as sell us adulterated medicinal drugs, &c. * * It was apprehended the revenue would suffer by this law, but Mr. Secretary Walker nobly said, 'let no revenue be derived from any nefarious traffic.' So far from injury, the revenue is increasing, because genuine drugs and chemicals are taking the place of spurious—for example, the spurious yellow bark was invoiced at $4 per 100 lbs, when the genuine is worth $70 to $90 per 100 lbs. So in other articles."

Retained Placenta.—The article in this number on this subject was read by its author before the Medico-Chirurgical Society of Cincinnati. We thank Dr. Smith for his paper, and should he happy, not only to hear from him again, but to be one of the media through which the papers of the excellent society above named, may be given to the public.

Fourth Annual Report *of the Commissioners and Superintendent of the Hospital for the Insane, to the General Assembly of the State of Indiana.*—Our friend, R. J. Patterson, M. D., the present Superintendent

of the above Institution, has put us in possession of his first Report.—The Hospital buildings are not yet completed, though from forty to fifty patients can be accommodated very shortly. When completed, two hundred patients can be comfortably lodged and cared for. The buildings, though combining most, if not all the modern improvements, will cost less comparatively, than those in other states. They are heated by steam, and the heating and ventilation are combined in such a manner as to render both effectual.

The opening of new Hospitals for the Insane, is a cause for gratitude and rejoicing to every philanthropist. The good they are the means of accomplishing is incalculable, and can only be approximatively estimated by him who will take the pains to inquire into the actual condition of the insane in those communities where no such Institutions exist.

From our knowledge of Dr. Patterson, we are sure that the Indiana Hospital for the Insane, will fully sustain her position among the best in the land.

American Medical Association.—By desire of the committee of arrangement, the Secretaries of the American Medical Association request that all societies and other institutions, authorized to appoint delegates, send correct lists of those chosen to attend the *next annual meeting*, to Dr. Henry J. Bowditch, Boston, on, or before the 1st of April, 1849.

We would invite attention to this request, as a compliance with it will greatly facilitate the organization of the Association.

We take this opportunity to remind the members of the Association of the resolution adopted in Baltimore, directing that a copy of the transactions should be sent to such members only as shall have paid the annual assessment for the present year (three dollars.) Those members paying to the Treasurer five dollars are entitled to three copies.

Medical Societies which have been represented in the Association will be furnished copies on the same terms as members (viz., three copies for five dollars) on remitting the amount to the Treasurer.

To other persons the transactions will be furnished at the rate of two dollars per copy in paper covers, done up for mail, or two dollars and fifty cents in embossed cloth, on remitting the amount direct to Messrs. Lea & Blanchard, Philadelphia. Or orders left with booksellers will be executed by Messrs. Lea & Blanchard.

Editors of Medical Journals will aid the objects of the Association by announcing the above information in their pages.—*Med. News.*

Western Convention.—We are glad to see that the Buffalo Med. Journal, and the Western Journal of Medicine, both approve the plan of holding the proposed Convention. The former Journal suggests that it be held at Boston, by Delegates to the Nat. Med. Association, as the action of the Association may possibly modify the action of the Convention. Our fear would be that all the schools would not be represented, and we still think that most would be accomplished by carrying out the original plan. We shall, however, cheerfully accede to any proposition which shall seem to meet the wishes of the majority.

Berkshire Medical Institution.—We have received the annual catalogue of this flourishing school for 1848. From it, it appears that the last class numbered one hundred and twenty-two students. The Lecture term commences on the first Thursday in August, and continues sixteen weeks. There are also a winter and summer Reading term. Few schools in the country offer better facilities for the thorough and practical study of medicine, than this.

Biographical Sketch of the late Dr. Sisson.—The following sketch, from the pen of one of our oldest and most respectable citizens, appeared, some weeks since, in one of our city papers, and is transferred to our pages with the consent of the writer.

Dr. Sisson was a native of Rhode Island, and immigrated to this State in 1813, first taking up his residence in Franklinton, in this county. His early opportunities had been limited, and his pecuniary means were somewhat scanty, but he brought with him an energy of character, and a noble ambition, which were of vastly more importance to his fellow men than such adventitious appendages can be without the latter qualifications.

He early manifested a most ardent desire to qualify himself for the practice of medicine; and this engrossed much of his thoughts and conversation for several years before a way was opened for the consummation of his wishes. He was at length noticed by a friend, himself at the time in rather straightened circumstances, who aided him in the accomplishment of the great object of his ambition. But he was at last principally indebted, for his high attainments and great professional success, to his own exertions, although, no doubt, the hand of friendship helped him onward and upward. The object in view was worthy of the highest efforts of man—it was to reach the first rank in a noble profession. Disregarding circumstances somewhat unfavorable to his advancement, he had the fullest confidence in his ability to surmount all difficulties, and accomplish this by severe study and unremitting labor. He did not limit himself to mere mediocrity—that point so dangerous for the young to contemplate as a goal—but his was a higher and nobler aim, not to relax his exertions until he had penetrated the depths of the science, and had made himself familiar with the recorded experience of all time. With such exalted views, in 1817, he commenced the study of medicine with the late Dr. Edmiston, one of the ablest and most eminent physicians of this city, then in its infancy. While a student, he never for a moment lost sight of the object of his early ambition. He was not discouraged by opposing obstacles, nor turned aside by the allurements of pleasure, often so destructive to the best laid schemes of youth, and even the firmest resolutions of age.

Dr. S. was not amongst those who believed that a competent knowledge of this most difficult and valuable science could be acquired without severe study, and long and incessant labor and research, much less that it is attained by intuition. He had no sympathy, from the beginning, with mysteries and charlatanry, ancient or modern, and was, during his whole life, impatient of contact or consultation with their unworthy or mistaken votaries.

After a laborious and zealous preparatory course, Dr. S. received the benefit of our most celebrated medical colleges, and commenced the practice of physic and surgery at the place where he first located himself in this county. He remained there but a short time before he removed to this city, where he resided until his death. The skill and merits of Dr. S. did not long remain unknown to his fellow citizens. He almost immediately acquired an extensive practice, even beyond the most sanguine expectations of himself and friends.

The difference between the practice of medicine now and at that early period, can hardly be appreciated by the present generation. It was then accompanied by the most discouraging difficulties and numer-

ous privations, besides requiring incessant labor. The roads, where any existed, were nearly impassable, the streams without bridges, and the inhabitants, scattered over a large extent of country, were often widely separated from each other. They were mostly immigrants from every State in the Union, and almost every country on the globe. They had brought with them all the variety of chronic diseases peculiar to their native land, complicated with those incident to a change of climate and a rich and fertile soil, which sent forth deadly miasmata over the whole face of the country. These were aggravated by a change of habit and those privations common to the pioneers of new settlements. These could only be successfully treated by one in the possession of a most vigorous constitution, a profound knowledge of the science, and vast intellectual resources. Fortunately for the sufferers—and these embraced nearly the entire population—these rare qualifications were, in an eminent degree, united in the object of our notice. With a generous sacrifice of personal ease and comfort, Dr. S. taxed to the utmost all his faculties, mental and physical, for the good of his fellow man.

Having been the successful physician of the fathers, in distant parts of the country, he was naturally called to the sick bed of the children; and thus his professional labors were but little diminished by the increased density of population. The fatal disease which, for several years past, put an end to his professional usefulness, and finally to his life, was, without doubt, produced by exposure and over exertions continued for a period of nearly thirty years. His first attack was about three years ago; and from that period he entertained but little hope of ever recovering his health and vigor. From this time his physical faculties were so much shattered, that it was no longer possible for him to pursue his profession. His cheerfulness did not, however, forsake him, and he continued to enjoy the society of his professional brethren and friends until the last day of his earthly existence. At the solicitation of friends, he sought relief in a sea voyage and the air of Europe, and had recourse to the prescriptions of his kind medical brethren, but in vain. The hand of the destroyer was upon him. He lingered in pain and extreme bodily debility, until a second attack of the fatal malady, not by him unlooked for, put a period to his sufferings and useful life. He calmly expired in the bosom of a numerous and interesting family.

It is no disparagement to the eminent medical gentlemen of our city, to say that, both in the practice of physic and surgery, he has scarcely left an equal, certainly no superior, behind him. He had been for many years almost without a rival in both these departments. Long experience, as well as a profound knowledge of the science, had rendered him eminently successful in the treatment of diseases peculiar to our climate. His exertions and assiduity were not in the slightest degree relaxed by the certainty that his attentions must be without compensation. He was not only the poor man's physician, but his nurse and his friend.

In private life, Dr. Sisson was the kind husband, father, and friend, and the liberal and patriotic citizen. Had wealth been the chief object of his pursuits, his utmost wishes might have been gratified; but it was not.

> —His no mercenary aim,
> But nobler far; to him an Angel's mission given
> To heal the sick and smooth the bed of pain,
> Or point the lingering spirit's hopes to heaven.—
> And such should be his epitaph.

This imperfect and brief sketch of the life and character of the deceased is given, as well with the hope that the youth of our country may profit by such noble examples, as to render a last tribute of respect to a departed friend.

DELAY.—We must apologise to our readers for the delay in the appearance of the present Number. The time which we had allotted specially to the Journal, was occupied mostly upon a bed of sickness. Other causes of delay have also operated against us, which we hope will not occur again. We intend to be as punctual as possible.

Several Reviews and Notices of new books are unavoidably postponed. Meigs on Children, Blakiston on the Chest, Harrison's Anatomy, and several others will be reviewed or noticed in our next.

OBITUARY.

DIED, in this city, on the 21st of November last, LYNE STARLING, Esq., aged 65 years.

The deceased was a native of Henry county, Va., from which State his family removed to Kentucky. In early life he settled in Franklinton, in this county, and was long known as an indefatigable and prosperous business man, holding at the same time responsible public offices.

Soon after the termination of the last war with England, failing health compelled him to relinquish his pursuits; and subsequently a large portion of his life has been spent in travel, either in Europe or this country. For years past he has been a confirmed invalid, rarely leaving his room; yet nearly until the last, his mind retained its characteristic vigor—showing, notwithstanding his great feebleness, and almost constant suffering, the same sound judgment and discrimination in matters of business which had enabled him to amass one of the largest fortunes ever acquired in the West.

Of his many benefactions, one at least will serve as a perpetual remembrancer to the medical profession of the West, and to the citizens of this city, (the growth of which he has watched with the solicitude of a parent—having been one of its original proprietors)—we allude to the truly generous gift of $35,000, for the foundation of the Medical College which bears his name, and the Hospital to be connected with it. This is an example of liberal and enlightened beneficence which has been, we believe, without a precedent in the West.

Mr. Starling was never married, and has left his large fortune among his numerous relatives.

On the 12th of November last, ENOCH HALE, M. D., one of the most eminent physicians in Boston, Mass. Dr. H. was a bold, original, and skillful physician. His contributions to medical literature have been quite numerous and valuable, among which we may specify the "History and Description of an epidemic fever, commonly called Spotted Fever, which prevailed at Gardiner, Maine, in the spring of 1814;" "on the Propriety of Administering Medicines by Injection into the veins," and "Observations on the Typhoid Fever of New England." Dr. Hale suffered for years with what he regarded a neuralgic affection, but continued in business until within a day or two of his death. Examination discovered Bright's Kidney, a liver much diseased, small, dense and somewhat resembling cirrhosis, hypertrophy of the left ventricle of the heart, and an *open foramen ovale*, which admitted the little finger. An interesting sketch of the life of Dr. Hale, by Prof. Channing, was published in the Boston Med. Jour. for Nov. 22d.

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